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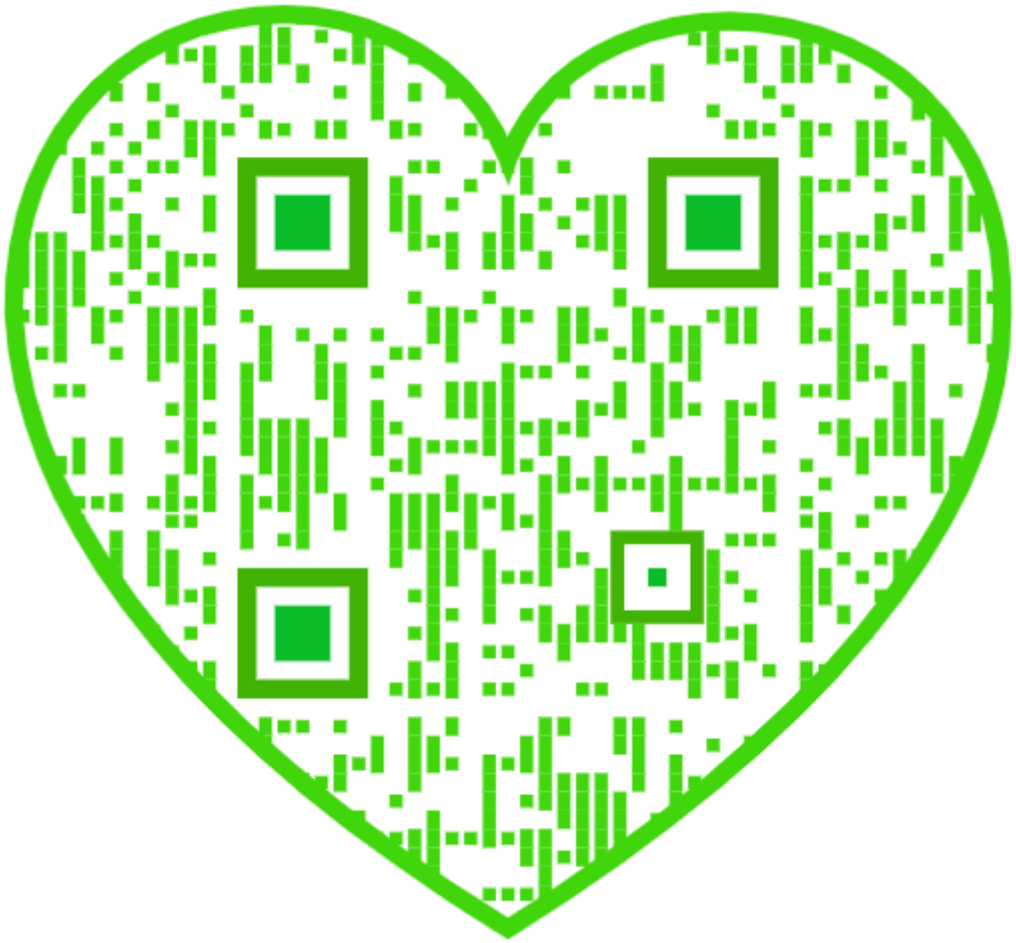
The Practice of Hypnotic Suggestion

GEO. C. KINGSBURY, M.A., M.D.



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THE PRACTICE

OF

HYPNOTIC SUGGESTION:

Being an Elementary Handbook for the use of the Medical Profession.

BY

GEO. C. KINGSBURY, M.A., M.D.,

(*University of Dublin*).

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PREFACE.

At the Annual Meeting of the British Medical Association, held in Birmingham, in July, 1890, I read before the Psychological Section a short paper on "Hypnotic Suggestion," and in conjunction with my friend Dr. Tuckey, gave a demonstration of some of the phenomena of hypnotism.

One result of the discussion which followed was the appointment of a Committee to examine the whole subject.

Another outcome, however, was a very widespread desire on the part of the medical profession for fuller information, so that individual observers might at once put the claims of hypnotism to the test.

This little volume is intended to meet the demand of such inquirers. It has no pretension to do more than acquaint its readers with the *rudiments of practical therapeutic hypnotism*, and to warn them against its dangers and difficulties.

Our knowledge of the *theoretic* side of the subject is as yet so scanty, that I have not ventured to deal

with it. The fact, too, that the Committee referred to has not yet completed its labours, would make it presumptuous of me to do so.

Neither is it my intention to give a *history* of hypnotism, for the reason that this has already been most fully and ably written by Dr. Moll, of Berlin, and others.

Having thus explained the very limited scope of the following pages, I commend them to the kindly consideration of my professional brethren, trusting them to overlook their many shortcomings and defects.

I desire to express my deep sense of obligation to Dr. A. T. Myers, who has most kindly given me many valuable suggestions.

My thanks are also due to the Psychical Research Society for the loan of some rare books from their splendid library.

GEO. C. KINGSBURY.

Blackpool,
August, 1891.

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THE PRACTICE OF HYPNOTIC SUGGESTION.

"*Prove all things, hold fast that which is good.*"

CHAPTER I.

INTRODUCTION.

HYPNOTISM is no new thing, but has in some form or other been known since the earliest times; it was practised by the Egyptians, Persians, Greeks and Indians, and employed by priests, mystics, soothsayers, fakirs, and charlatans; it has appeared in our own country as Animal Magnetism, Mesmerism, Electro-Biology, Electro-Psychology, and I know not by how many other titles.[1]

It has at different times, and in different countries

[1] Naaman is supposed to have referred to animal magnetism, so called, when he said to Elisha's messenger, "I thought, he will surely come out to me, and stand and call upon the name of the Lord his God, and *strike his hand over the place, and recover* the leper" (2 Kings, v. 11). The original, I believe, might fairly be rendered, "*move his hand up and down over the place.*"

Von Helmont (1577-1644) wrote a treatise on "The Magnetic Cure of Wounds."

Father Kircher in 1646 described his experiments on animals, in whom he produced a kind of catalepsy.

The "ghost dances" of which we have recently (1890) heard so much in connection with the Indian rising, seem to consist in producing hypnosis by dancing in a circle.

been the subject of investigation by Royal and Academic Commissions, and special legislation has been called into existence to deal with it.

Friedrich Anton Mesmer[1], a doctor of medicine, of Vienna, settled in Paris about 1778, and soon created a furore on account of the wonderful cures which it was alleged he effected by means of magnetism. He publicly asserted that his treatment was of universal applicability, and that his discoveries would "enable the physician to decide upon the health of every individual, and of the presence of the diseases to which he may be exposed. In this way the art of healing may be brought to absolute perfection."

Mesmer surrounded his treatment with a great deal of impressive mystery. His patients assembled in a large room dimly and religiously lighted, and from an adjoining room, came the enchanting strains of harp or harmonicon. In the centre of the patients' room, stood the "*baquet*," a large tub containing bottles; iron rods were also stretched outwards from the tub, and these were held by the patients, while they gazed upon the bottles. Cords connected the patients to each other.

Mesmer himself walked about the apartment, carrying an iron rod, with which he touched the patients. Sometimes he discarded his rod, in order to magnetize special patients either by means of strokings, or by what we call fascination.

[1] Mesmer was born at Weiler near Stein, in 1734. He graduated M.D. in 1766, defending a thesis on "The influence of the Planets on the Human Body." He died at Mersburg in 1815.

Many of his clients were convulsed, some became violent, and for the latter padded rooms were provided.

The clamour to be treated by Mesmer became so great that the hotel which he rented could not hold the applicants, and he had to undertake to impart the magnetic virtue to a tree in one of the streets, round which hundreds of people gathered daily.

The *Faculty of Medicine* held a meeting to enquire into the new method, but they seem to have condemned Mesmer, without any investigation.

He left Paris in disgust, notwithstanding a government offer of a life pension to remain. After a time he returned, and in 1784, by the order of *Louis XVI*, a government commission was appointed to enquire into his pretensions. The report of the commission was adverse, asserting amongst other things that "there is nothing to prove the existence of the animal magnetic fluid," and that "all treatment in public, in which magnetism is employed must in the end be productive of evil results."

The first signature to this report is "*B. Franklin*," our own great scientist,[1] and amongst the others is that of Guillotin.

This was the death blow to Mesmer's popularity in Paris, and he proceeded at once to Germany.

[1] Though Franklin appended his name to this report, he was unable through ill-health to attend any of the meetings in Paris, and only witnessed a few experiments conducted by the Commissioners in his own house at Passy.

One of the Commissioners, de Jussieu, refused to sign the report, but declared in a separate statement that "man can produce upon man a positive action by means of friction, by contact."

Mesmerism, however, continued to be practised in France by individual observers.

In 1812 the Prussian Government sent Wolfart to Frauenfield, where Mesmer had settled, to examine and report. Wolfart not only declared in favour of Mesmer, but adopted his practice in his hospital treatment. In 1817 a law was passed confining the use of magnetism in Prussia to medical men.

Du Potet began a series of observations at the Hôtel Dieu in 1820, and in 1825 the *French Academy of Medicine*, at the solicitation of Foissac, appointed another commission to re-examine the claims of animal magnetism. The report of this Commission concludes thus: "Some of the magnetized patients experienced no benefit. Others derived more or less relief from the treatment; in one case habitual suffering was suspended, in another strength returned, in a third epileptic attacks were averted for several months, and in a fourth, serious paralysis of long standing was completely cured.

"*Considered as the agent of physiological phenomena, or as a therapeutic expedient, magnetism must take its place in the scheme of medical science,* and consequently it should be practised or superintended by physicians only."

Strange to say, such was the prejudice amongst the general body of Academicians, this report was suppressed.

About 1837 Du Potet came to London, and made the acquaintance of *Dr. John Elliotson*, at that time physician to the University College Hospital.

Elliotson was so much impressed by what Du Potet showed him that he adopted magnetism into his regular practice. The Council of the University College passed a resolution forbidding the use of the new agency in their hospital.[1] Elliotson refused to submit to such dictation, and at once threw up his post.

Mesmerism was also bitterly attacked by the medical journals,[2] but in spite of such opposition Dr. Elliotson continued to advocate and practise mesmerism,[3] and so high was the value set upon his attainments as a physician, and his integrity as a gentleman, that the College of Physicians invited him to deliver the Harveian oration in 1846, the President expressing the hope, and the Registrar assuring him of the "generally and strongly felt wish," that he would accept the honourable office.

In the oration which he delivered Elliotson referred to the treatment Harvey had received when he first

[1] Extract from the Minutes of the Council :—

"Resolved, that the Hospital Committee be instructed to take such steps as they shall deem most advisable to prevent the practice of mesmerism, or animal magnetism, in future within this hospital" (Dec. 27, 1838).

[2] Extracts from the *Lancet* :—

"The science of Mesmerism dares no longer affront the common sense of the profession, or dares to show its face after the last exposure" (Sept. 15, 1838).

"We regard its abettors as quacks and impostors, they ought to be hooted out of professional society."

"The patient, alias the victim, alias the *particeps criminis*, is almost as bad as the operator; and even *the man who reads about such performances is a leper*" (Oct. 29, 1842).

[3] "Surgical operations in the Mesmeric state." John Elliotson, M.D., F.R.S. (London, 1843).

made known his great discovery, how he was declared to be a fool, how his practice dwindled away, how he was lampooned from one end of Europe to the other, and in proof of the bitterness of the attacks, quoted the following words of Harvey to show how painfully this great man was stung: "Dogs must bark and vomit forth what is in them . . . . . but we must prevent them from biting or infecting with their maddening venom, or gnawing the bones and foundations of truth . . . . . Let them continue to revile till, if they are not ashamed, they are at least sick and tired." [1]

Elliotson had not long to wait for the iron to enter his own soul, and for the same weapons of personal vilification, which had been used to crush Harvey, to be wielded against himself.

His Harveian oration was delivered on June 25, and on July 4, 1846, the *Lancet* wrote, "Does he himself (Dr. Elliotson) treat the *harlotry which he dares to call science* with any respect;" and in 1848, the Harveian orator for the year, Dr. Francis Hawkins, used these words, "Among the quacks, the impostors, called Mesmerists, are in my opinion the especial favourites of those, both male and female, in whom the *sexual passions burn strongly*, either in secret or notoriously. *Decency forbids me to be more explicit.*"

The Apothecary of the Middlesex Hospital, Mr.

[1] Harvey died in 1657, at the age of 79. Hume, in his "History of England," tells us that Harvey's "practice in London diminished extremely, from the reproach drawn upon him by his great and signal discovery."

George Corfe, also issued a pamphlet entitled "Mesmerism tried by the touchstone of truth," from which I extract the following: "All the patients have universally expressed themselves worse than before, when real disease existed; and when nervous disorders only were present, the mind has been worked upon, the *lascivious passions* have been excited and the will, unable to control the animal desires, has lost its balance, and the patient has then been momentarily stupefied . . . . . but only to wake to a *a more libidinous state* than before, and this has sent them sooner or later to wander about the streets to gratify their lusts, *and thus they have become open prostitutes.*

"I hesitate not to affirm that it (Mesmerism) is *from the devil* . . . . . it is my firm conviction that any individual who ardently pursues such a tract of delusion . . . . . *is possessed of devils.*"

Again, in 1850, another Harveian orator, Dr. J. A. Wilson, says: "Get out of the way . . . . . you hydropathists . . . . . you mesmerists. To all who cultivate genuine medicine . . . . . who try to preserve their good feelings . . . . . *purity and morals*, to all who prefer living in honest poverty, to growing rich by the systematic quackeries and mesmerism . . . . . let us return due thanks."

It is interesting to notice that hydropathy which is here so sweepingly denounced, has now made good its claims to be considered, and that in all modern works on therapeutics, it ranks as a legitimate and useful agent.

To us who look dispassionately back to the warfare against Elliotson, it may seem that the fighting was not fair. I cannot say whether Elliotson laid his case wisely before the profession of his time, but it does appear to me that personal abuse and indecent insinuation are poor forms of argument. However, they succeeded in ruining Elliotson.[1]

Let us hope that in these days scientific observation and critical examination will replace prejudice and vituperation.

Dr. James Esdaile, in 1845,[2] began to make use of mesmerism in Calcutta, and was so successful that the Government placed a special hospital at his

[1] One reason why Elliotson was so bitterly attacked, and which seems to have been to some extent a justification of the attitude of his opponents, was that he largely employed two sisters named Okey to diagnose obscure cases. They were what we would call "clairvoyantes." The use of such assistants finds no countenance in Nancy, though in Paris, Luys' "transfer" subjects are closely akin (see later).

[2] A most interesting biography of Esdaile is published in Leslie Stephen's "Dictionary of National Biography," from the pen of Dr. A. T. Myers. From it I cull the following notes: Esdaile was born in Montrose in 1808, and graduated as M.D. in the University of Edinburgh in 1830. He went to Calcutta in the service of the East India Company in 1831, but was afterwards given charge of the Hooghly Hospital. He had read newspaper scraps concerning Mesmerism, but the first time his attention was seriously drawn to the subject was when he read Elliotson's statements. Esdaile had never seen anyone mesmerised before trying his first experiment, on April 4, 1845, on a Hindoo convict, who was in need of two very painful operations. When the pain was most severe, and only one operation complete, it occurred to him to try to soothe the patient by "mesmeric passes." After a time deep sleep was induced, with complete anæsthesia. This experiment was witnessed by an English judge, who testified to the suspension of sensibility. A week later Esdaile again mesmerised the patient, and performed the second operation quite painlessly. These results

disposal. He has left a record of over 250 operations painlessly performed by the aid of mesmerism,[1] including such major cases as lithotomy, amputations, and the removal of large tumours in elephantiasis.[2]

To *James Braid*, a Manchester Surgeon, the honour is now generally accorded of having rescued mesmerism from the region of quackery, and of endeavouring to secure it a recognised place in medicine.

In 1841 Braid was greatly struck by the public exhibitions of Lafontaine, and determined to put their

were first printed in the *India Journal of Medical and Physical Science* (May, 1845).

When Esdaile had collected one hundred cases of anæsthetic operations, he reported the results to the Government, whereupon Sir Herbert Maddock, the deputy-governor of Bengal, appointed a committee of seven members, four of whom were medical men, to report on Esdaile's operations. They carefully investigated nine operations, on which they reported favourably, adding that it was "incumbent on the Government to afford to their zealous and meritorious officer such assistance as may facilitate his investigations." Accordingly in November, 1846, a small hospital in Calcutta was placed at his disposal for a year. Medical visitors were appointed, who, in December, 1847, reported that "complete insensibility to pain was attained by mesmerism in the most severe operations, and its influence in *reducing the shock of the operation* was decidedly favourable." The new Governor-General, Lord Dalhousie, in January, 1848, promoted Esdaile to be Presidency Surgeon, and in 1850 further promoted him to be Marine Surgeon.

Esdaile left Calcutta June 1, 1851, having recorded 261 painless operations, with a mortality of 5½ per cent. He settled in Perth, but afterwards went to live at Sydenham, where he died, January 10, 1859, aged 50.

[1] "Mesmerism in India." London, 1846. "The Introduction of Mesmerism with sanction of Government into the Public Hospitals of India." London, 1850.

[2] I recently had a communication from a General who was present at one of Esdaile's operations. He informs me that he saw a tumour removed which was larger than the patient's body, and had to be held up by a chain from the ceiling during the operation.

genuineness to the test. He made experiments on his wife and servants, and found that he could produce what was called "mesmeric sleep," by inducing them to look steadily at the neck of a bottle, or similar object, held in front of and a little above the eyes.

He very early became convinced that the so-called sleep did not depend on any mysterious fluid or influence passing from the operator to the subject, and so, to put an end to such pretensions, proposed that the term "Hypnotism" should replace "Mesmerism," "Animal Magnetism," etc.

Braid appears to have had considerable success in the treatment of various ailments, and also in the use of hypnotism for the production of anæsthesia. In 1842 he offered to read a paper and give a demonstration before the British Association, which was about to meet in Manchester, but the offer was not accepted.[1]

In 1843 he published a book dealing with the subject.[2] He claimed to have found hypnotism useful in cases of rheumatism, epilepsy, paralysis, neuralgias, palpitation, etc.

Soon after the appearance of Braid's book, Dr. Joly

[1] Seeing that there was a medical section at the meeting in question, it seems strange that the British Association should have declined Braid's paper; and a reference to the reports of the section makes the refusal highly amusing, for amongst the papers which were accepted was one on the "Palpi of Spiders," the object of which was to prevent the audience mistaking young spiders for old ones!

[2] "Neurypnology, or the rationale of Nervous Sleep," by James Braid, M.R.C.S. London, 1843.

Braid first employed the term "Neuro-Hypnology," but subsequently cut it down to "Neurypnology."

of London, amputated an arm painlessly by means of hypnotic anæsthesia (1845), and Drs. Fanton and Toswell, were equally successful in a case of thigh amputation. The great Liston, too, made use of Braid's method in some of his operations, and the celebrated surgeons, Velpeau and Broca reported that they had employed hypnotism satisfactorily in 24 operations.

The great body of the profession, however, do not seem to have taken kindly to hypnotism, and so when chloroform was introduced, and rightly thrust hypnotic anæsthesia into the shade, Braid's work was speedily forgotten, and the therapeutic possibilities of hypnotism completely ignored.[1]

It must not go unmentioned that a few men of note did investigate the phenomena of hypnotism at this time. Thus we find Sir David Brewster, Sir William Hamilton, Dr. Simpson, Gregory,[2] Carpenter, and others, trying to solve some of its problems.

Here and there, too, might be found medical men venturesome enough to make a regular use of hypnotism; but professional opinion had practically relegated it to the charlatans, and in 1850 there were flourishing "Mesmeric Infirmaries" in Bristol and London

[1] I have made careful enquiries from physicians and surgeons in Manchester, who still remember Braid, and were present at many of his demonstrations. The general consensus of their opinion is that hypnotism was wrecked for the time being, by Braid's own over zeal. Like many another pioneer he became an enthusiast, and claimed too much for the agency he sought to introduce.

I cannot help thinking, however, that the real reason, perhaps now forgotten, was the dread of facing the attacks, which were, as we have seen, made on Elliotson.

[2] "Animal Magnetism." 1850.

(Bedford Street), conducted apparently solely by laymen; the superintendent of the latter institution publishing a report of his successes in 1851, and claiming to have cured many of the "incurables" of the regular hospitals, including cases of deafness, hemiplegia, and chronic rheumatism.[1]

At this period also there was published quarterly a review entitled "Zoist," a Journal of Cerebral Physiology and Mesmerism, largely devoted to alleged cures by mesmerism.

Even this development seems to have pined away, and after 1855 we find little mention of the employment of hypnotism, by either medical men or laymen as a curative agent in England.

The labours of Elliotson and Braid, who were without honour in their own country, were not to be wholly lost sight of. A copy of Braid's book fell into the hands of a *Dr. Liébeault*, then a young man, practising in Nancy. He was very much impressed with the experiments of the Manchester Surgeon, and at once proceeded to repeat them. He found that he could readily produce hypnosis, and that it seemed to be followed by beneficial results. An extended trial convinced him that hypnotism was capable of becoming a useful remedial agent, and so he opened a free dispensary for the treatment of the poor of his town in 1860.

At first he followed Braid's methods to the letter, but he soon found that *verbal suggestions* greatly

[1] "The Mighty Curative Powers of Mesmerism, proved in a hundred and fifty cases." Thos. Capern. London, 1851.

heightened the effect of hypnotism, and began to employ them in every case.

It must not be assumed, as it is very often, that Braid had entirely overlooked the influence of suggestion, but he certainly had not used it regularly, nor sought to make it the main part of his treatment.

In 1866 Liébeault published his first work on the subject.[1] This was received with suspicion, and its author was regarded by his professional brethren as either a knave or a fool. Still he kept on his way, undisturbed, happy in the belief that though he was unnoticed, nay, even shunned by the medical men of Nancy, he was at least rendering good service to the suffering poor, from whom he sought no reward.

We, in England, might have remained in ignorance of Liébeault, and his method, had it not been that in 1881 *M. Dumont*, of the Nancy Faculty of Medicine, began to attend his dispensary, and was convinced of the genuineness of his work. Dumont made some experiments in the Mareville Asylum, which were satisfactory, and in 1882 he read a communication before the Medical Society, and showed some of his patients, whom he had successfully treated by Liébeault's plan.

Professor Bernheim was present,[2] and to use his own

[1] "Du Sommeil, et des États Analogues." Paris, 1866.

[2] Probably both M. Dumont and Professor Bernheim were led to enquire into the work of the hitherto obscure hypnotist of their own town, by the attention which was attracted to the subject of hypnotism, by Charles Richet's article, "du Somnambulism provoque," published in 1875, and still further by the renowned Charcot's experiments begun at the Salpêtrière in 1878.

words, has since experimented "with great scepticism, in the beginning I must confess," but he met with "results so certain and striking, that they forced the duty of speaking" upon him. He published in 1886, his great work on hypnotism in its therapeutic application.[1]

So great a reputation was enjoyed by Bernheim, that his adoption of hypnotism, at once secured it the respectful attention of a large section of the profession, and now it has its practical adherents in France, Germany, Russia, Austria, Italy, Spain, Belgium, Holland, Sweden and Norway, Switzerland, Denmark, Portugal, Greece and America.[2]

The first English medical man, so far as I know, to take up the Nancy treatment, was *Dr. C. Lloyd Tuckey*, of London, and to him undoubtedly belongs the honour of first daring to challenge public opinion, by publishing a book advocating the adoption of it.[3]

In 1889, *Dr. Auguste Voisin*, one of the Physicians of the Paris Salpêtrière, read a paper before the

[1] "De la Suggestion et des Ses Applications à la Thérapeutique," Paris 1886.

English Translation, "Suggestive Therapeutics," New York and London, 1889.

[2] So important has the study of Hypnotism become, that not only had the International Congress of Experimental Psychology (Congrès de Psychologie Physiologique) held in Paris in 1889 a special section for its consideration, but there was also held about a week earlier, a separate Congrès de l'Hypnotisme, which was successful.

An interesting account of the general progress of hypnotism, especially during the past fifteen years, is to be found in the *Practitioner* of March, 1890, entitled "Hypnotism at home and abroad" by A. D. Myers, M.D., M.R.C.P.

[3] "Psycho-Therapeutics," : London, 1889; 2nd edition, 1890.

British Medical Association at Leeds, in which he reported cases which he said he had cured by means of hypnotic suggestions. His patients included cases of delusions, suicidal ideas, acute mania, dipsomania, onanism, and amenorrhœa.

This communication was received with ill-disguised incredulity.

A single year has however sufficed to bring about a remarkable change in the attitude of the profession towards hypnotism, and the 1890 discussion at Birmingham seemed like the dawn of a new era in its career.

The fact that the British Medical Association, the most powerful Society of Medicine in the world, has at last declared the phenomena of hypnotism, to be "*worthy of investigation*," has justified, every member of our profession, in at least making himself familiar with the subject, and if so inclined, putting his knowledge into actual practice. The stigma of reproach, which once attached to the man who investigated hypnotism, is for ever removed, and there is no longer any fear of honest inquiry being branded as a sign of "possession of devils."

In common justice one is also bound to state, and to do so is a pleasure as well as a duty, that the *Lancet* of to-day, and the *British Medical Journal* both seem inclined to adopt a thoroughly scientific and impartial spirit towards the inquiry of hypnotism, and to both those influential papers, I am personally indebted for many acts of courtesy and consideration.

To those of my readers who would like to acquaint themselves more fully with the history of hypnotism, I can commend "Hypnotism," by Dr. Albert Moll, London, 1890; "Suggestive Therapeutics," by Prof. Bernheim, London, 1890; "Animal Magnetism," by Binet and Féré, London, 1888.

CHAPTER II.

DEFINITIONS.

THERE is nothing like starting with clear ideas, and so at the outset, it will be well to differentiate some of the terms in common use, and state as clearly as possible, what we understand by them.

In the last chapter, we were forced to use the expressions "animal magnetism," "mesmerism," and "hypnotism," to some extent, as if they were interchangeable.

Mesmerism was clearly synonymous with animal magnetism, and was simply adopted by popular consent, in honour of Mesmer; and the great contention on his part was, that some mysterious magnetic influence passed from the person of the operator to the subject.

Braid denied that any such influence existed, and explained all the phenomena which he saw, on purely physical principles, and adopted the word hypnotism to signify this.

In many minds to-day there is great doubt as to where the scientific frontier between hypnotic phenomena and certain other curious conditions should be set up. Even Bernheim, as recently as 1889, declared that "our knowledge of animal magnetism and hypnotism is as yet too imperfect to allow of our fixing their limits exactly."

As this is purely a practical book, and in no way

concerned with any theories, not bearing on the treatment of disease, I must at once state that I deliberately exclude from our consideration here, Thought-Reading, Thought-Transference, Spiritualism, Clairvoyance, and all similar phenomena, which more or less imply something like a magnetic effluence from the operator or medium, to the subject—though I do not for one moment deny the great interest which attaches to their investigation.

To those of my readers who wish to study these most fascinating subjects, I cordially recommend a perusal of the proceedings of the Society for Psychical Research. (Trübner & Co.)

This Society has been in existence since 1882, and the extent and quality of its investigations are astounding. The philosophic aspect of hypnotism has also received a large share of attention, and the observations of the Committee on hypnotism, and especially the reports of Messrs. Myres and Gurney, will well repay careful perusal.

We mean then by the word "*Hypnotism*," the science which treats of the condition which we call "hypnosis"; but disavow all claim to its depending on any magnetic basis.

By "*Hypnotic Suggestion*," we mean any suggestion made by the operator to his patient, either verbally, in writing, by gesture, look, or in any other way, during hypnosis.

By the word "*Hypnosis*" (ὑπνος = sleep), Braid clearly meant what the mesmerists called the "magnetic sleep." But our use of the term must be

qualified, for it is a great mistake to assume that all persons who are hypnotized, sleep, or that a person who does not sleep, is necessarily not in a state of hypnosis.

We cannot now very well begin to amend our nomenclature, but it seems to me almost a pity that Braid did not select some other word which would not in its derivation have implied sleep as a special condition.[1] The great essential feature of hypnosis is however not sleep, but a *heightened receptivity of suggestion* with or without sleep; in other words, any suggestion offered to a person during hypnosis, has an exaggerated effect on his mind.

Now though this quality is the really distinctive badge of hypnosis, it must be readily admitted that if actual sleep is induced, the susceptibility to receive suggestion is in most cases increased, and my observations lead me to believe that up to a certain point, the deeper the sleep, the greater the effect of suggestion.[2]

The person who produces hypnosis is spoken of as a "*hypnotist.*"

The person hypnotized is called a "*hypnotee,*" or less correctly a "*hypnotic.*" He is often also called a "*subject.*"

[1] By some the term "Braidism" is used, and certainly has the merit of being colourless (see "Quain's Dictionary of Medicine"). A long discussion on the subject of the terminology of hypnotism took place at the Congrès de Psychologie Physiologique, in Paris in 1889.

[2] Some subjects pass into such a profoundly lethargic condition, that they seem to be insensible to suggestion. Such cases are however comparatively rare.

"*Hypnogenesis*," "*hypnosigenesis*" (Moll), "*hypnogeny*" (Myers), are all terms used to express the production of hypnosis.

METHODS OF PRODUCING HYPNOSIS.

Before considering what is the condition of the hypnotee, it will be well to describe some of the numerous methods which can be employed to bring about hypnosis.

(1,) MESMER'S METHODS.—As we have seen Mesmer did not rely solely on one method, but sought to affect his clients in several directions. Thus, he called imagination, music, fixed attention, passes, and fascination, to his aid.

(2,) BRAID'S METHOD.—Braid got his subject to look fixedly at some object, preferably shining, held before and above the eyes, *and to rivet his whole attention on it.*

The strained position of the eyes, and the slight convergent strabismus which resulted, were held by Braid to produce a tired condition of the brain, and so to encourage sleep. Four or five minutes, in general, sufficed to develop hypnosis in this way.

Dr. Carpenter has pointed out that the mere convergence upwards of the eyes, will sometimes produce hypnosis, and that thus persons in the dark may be influenced, or that blind persons may be hypnotized.[1]

(3,) PASSES.—The method of producing hypnosis by

[1] Professor Macalister thinks that the forced upward gaze, produces a strain on the capsule of Tenon, and consequent drag on the sclerotic, with intra-ocular tension of the vitreous chamber, as well as intra-orbital pressure on branches of the fifth nerve. See Lasègue's method.

passes, was much affected by Mesmer and all the old "Magnetizers," and great attention was paid to the minutest details. There were short passes and long passes—passes confined to the hands, as well as others over the chest, or from the head to the knees.

These passes were often accompanied by a fixed stare of the operator into the eyes of his subject.

Moreover, it was held to be essential that the operator should exercise very powerful volition, and it is interesting to read the instructions given in some of the older handbooks, for "throwing by volition one's nervous energy into the patient's body."

It was also held by many, that it was imperative that the operator should not speak during the process.

When passes were made with the intention of "projecting healthy influence into the patient," they were spoken of as "*positive*"; but when the object was to "withdraw diseased influence from the patient," they were called "drawing off" or "*negative*."

It was held to be necessary to make the passes downwards, as upward passes were thought to produce headache; the latter were sometimes employed for wakening the subjects, but only when fanning or speaking to the patient failed to arouse him.

Professor Richet, of the University of Paris, uses passes largely for the production of hypnosis. He proceeds in this fashion: The patient is seated, and the operator sits in front of him, and raises his hands to the level of the patient's head, with the palms towards the patient. They are then slowly brought down, near, but not touching the patient, to the level

of the stomach; they are then raised in a circular way, and brought down again, the passes being at the rate of three or four to the minute, and in a successful case, the process occupies about ten minutes.

(4,) Fascination.—What is called the method of fascination is often used by professional mesmerists. It was especially employed by one called Donato, and on this account has sometimes been spoken of as "Donatism."

The subject is induced to gaze steadily into the operator's eyes. In a short time it is found that the subject will imitate every gesture of the operator, all the while keeping his eyes fixed on those of the operator.

In using this method one has to be very careful, for it has happened more than once that the operator has involuntarily become hypnotized before the subject has been affected.

(5,) Lasègue's Method.—Lasègue, a Paris doctor, strongly advocated closing the eyelids, and making gentle pressure on the eyeballs, which was sustained for several minutes *(pression des globes oculaires)*[1].

(6,) Berger's Method.—Professor Berger, of Breslau, held that warmth was alone sufficient in many cases to induce hypnosis. He found that in some cases his hot hands held near the head of the subject sufficed. He also claimed similar results by putting warm metal plates near his patients' heads.

[1] Professor Macalister thinks, as we have seen, that Braid's method exerts a certain amount of intra-ocular pressure. If this be correct, Lasègue's method would appear to be a part of Braid's, only carried out in another fashion.

(7,) Fright.—We all know, perhaps from personal experience, how a sudden fright will for a moment almost paralyze us.

The Abbé Faria, a Portuguese priest who lectured in Paris in 1814, used to get his subjects to concentrate their thoughts, and gaze into his eyes. After a short interval he suddenly shouted to them, "Sleep!" and in many cases he is said to have succeeded in thus producing hypnosis.

Charcot has found that in many of his subjects, the unexpected noise of a Chinese gong, or the sudden flash of a magnesium or electric light, produced hypnosis; but it must not be lost sight of that all Charcot's subjects were hysterical.

(8,) Magnets.—Landowzy states that a magnet may, even without a person's knowledge, bring about hypnosis. This observation is supported by Binet and Féré.

(9,) Electric Battery.—Weinhold declares that he succeeded in hypnotizing by means of an electric current.

(10,) Monotonous Sounds, Smells, etc.—Charcot in some of his experiments, placed a large tuning fork near his subjects, and kept it vibrating by means of an electro-magnet.

The ticking of a watch held to the ear is sometimes used successfully.

Slow music will sometimes hypnotize.[1]

Binet and Féré succeeded in producing hypnosis, by

[1] I find these methods greatly facilitated by closing the patients' eyes.

fatiguing the sense of smell with the odour of musk.

(11,) Luys' Revolving Mirror.—In France, bird-catchers use an ingenious method of luring their victims to the snare. A piece of wood studded all over with small squares of silvered glass is mounted on a metal-tipped stick in such a way that it can rotate. The upright is then stuck in the ground, and by means of a cord, the bird-catcher is enabled from a distance to make the top of the contrivance revolve rapidly. The glittering of the glass seems to fascinate the birds, and they soon fly down and hover about, when they are easily trapped in nets. It is principally used for catching larks, and so is often called a "lark-mirror." Dr. Luys thought the method might be used by hypnotizing human beings, and so he had a similar machine made on a small scale, and worked by clockwork. One great advantage claimed for this "*miroir rotatif*" is that it saves the operator much fatigue, and makes the process much more impersonal than some of the others. It can also be used to hypnotize a number of subjects at one time. Dr. Luys further claims that it never fails, and that its employment is never attended by any unpleasant consequences.[1]

If experience bore out these assertions, this instrument would be very valuable, but having tested it largely, I must say that it is a very unsatisfactory means of inducing hypnosis. It is very uncertain, and I have lately seen it fail in several cases, in Luys'

[1] *Fortnightly Review*, June, 1890.

Fig. 1.—Dr. Luys' Revolving Mirror.

own clinique. More than this, I have known it in some patients produce headache, giddiness, and palpitation.

As to the claim that it is impersonal, the same object can be attained by asking the patient to look at a nail in the wall, or any similar inanimate object, and if it is desired to operate on numbers of patients simultaneously (a proceeding which I must strongly deprecate, as I hold that each patient demands the undivided attention of the hypnotist), this can just as well be done by getting them to sit in a circle, and look at a glass ball placed on a table in the centre of the group.

(12,) Darling's Method[1] was to give the patient a small metal disc, which was held in the hand, and steadily looked at.

(13,) Liébeault's, or the Nancy Method.—After a fair experience of most of the methods mentioned, I have found that adopted by Dr. Liébeault to be on the whole the most satisfactory and generally applicable, as well as freest from unpleasant complications.

I will endeavour to describe it fully.

The patient sits as comfortably as possible in an easy chair with his back to the light, and the Doctor stands beside him, and holds up the index and middle fingers of his own hand, about six or eight inches from, or a little above the patient's eyes. The patient is told to look at these, and try not to think of any-

[1] Darling was an American doctor, who came to England to lecture in 1850, on what he termed "Electro-biology," but which is identical with mesmerism.

thing. Almost immediately, the operator begins in a low and monotonous tone, to suggest sleep, after this fashion: "You are beginning to feel sleepy," "Your sight is getting dim," "My fingers are getting indistinct," "Your eyelids are drooping," "Your eyes are closing," "Sleep!" etc.

Presently, and in many cases, in an astonishingly short time, the patient's eyes do begin to blink, and then close, perhaps to reopen sluggishly a time or two, before finally closing. In a space varying from half a minute to four or five minutes the eyes close, and show no sign of opening again. If not, the Doctor gently closes them, and keeps them shut with his finger and thumb.

Then Dr. Liébeault rubs the arms, trunk and legs, but especially the epigastrium, and verbally suggests warmth.

Interspersed with these suggestions, there is an ever-recurring suggestion of "Sleep!" (Dormez).

Here then is a method combining Braid's, with verbal suggestion, and herein lies the great advance made by Liébeault, though, to his credit, it should be stated that the Nancy Physician never wearies of expressing his indebtedness to the English Surgeon.

Liébeault frequently adopts the method of *suggestion alone*, closing the patient's eyes, and repeating phrases like those above.

Bernheim, too, largely adopts this plan.

(14,) Amsterdam, or Method by Suggestion.—The method by suggestion alone is really, as we have seen, one of Liébeault's resources; but I have ventured to

call it the "Amsterdam" method, because I found it exclusively employed there by *Doctors van Renterghem* and *van Eeden*, who are both pupils of Liébeault, and together conduct a perfectly model policlinique.

These gentlemen place their patients *lying down*, close their eyes, and verbally suggest sleep.

They also gently stroke the forehead and temples, which no doubt by its monotonous stimulation of the skin assists the onset of hypnosis.

This method is said to succeed as well as any other; but my own experience leads me to think that the coupling with suggestion of fixing the gaze on some object is a decided help in many cases.

Résumé of Methods.—I do not pretend to have exhausted all the devices for producing hypnosis, for practical observers will find that they can succeed in endless ways, by coupling methods, or trying others analogous to those referred to.

Efforts have been made to systematise the various methods, and they have been subdivided into physical and psychical.

The *physical* are held to be those which act by stimulating the senses, either sight (Braid), hearing (Charcot), smell (Binet and Féré), touch (passes or stroking), electricity, etc.

The *psychical* are held to be those which act by concentrating the mind on the idea of sleep.

Further subdivisions have been made by many writers.

I cannot help thinking, that in most of the so-called physical processes, there is a large element of sugges-

tion, because nearly every patient knows perfectly well for what purpose his sight, hearing, or touch is stimulated.

In actual practice it will be found that no one plan will succeed in all cases. Some patients will be found wholly insusceptible to one method, but will readily yield to another.

I generally begin with Liébeault's plan. If that fails, I find the next best is to close the eyes, and gently stroke the face, arms and chest, verbally suggesting sleep at the same time.

As to the position of the patient, I think for many and obvious reasons the *sitting posture* is preferable to the recumbent; but in some obstinate cases, I have found that a *standing position* is distinctly helpful.

Aids to Hypnosis.—A quiet room is a great help to both operator and subject, as any disturbing noises or movements are apt to distract the mind (if a person has been hypnotized several times, he may not be so sensitive); for this reason, it is well not to have many people present.

It has been stated that the morning is the best time to hypnotize, but I cannot say that I have found one time more favourable than another. But it certainly has seemed to me that if a patient is fatigued from over-exertion, he is not so easily affected as if he is fresh, and probably this is the reason for preferring the morning.

Ringier has noticed that summer is a better time than winter for hypnotism.

I do not think the mere season has any effect, but

I have frequently found that if the patient is cold, or the operator touches him with cold hands, hypnosis is more difficult. However, these difficulties are got over by having a warm room to operate in.

A calm mind is most essential on the patient's part; for if he is greatly excited, or very nervous about the effects of hypnotism, it will be found almost impossible to influence him, and it is better in most cases not to try.

Chloroform and *Morphia* have been suggested as aids to producing hypnosis; but I think it very unwise to make use of them.

Heidenhain found that the inhalation of *Nitrite of Amyl* assisted and heightened hypnosis.

The *co-operation* of the patient is generally held to be absolutely necessary, and I certainly believe that this may be accepted as almost a universal rule, for if any of the physical methods are sought to be employed, say the gazing on an object, if the patient does not want to be affected, he simply declines to fix his eyes upon it, whereas if suggestion is the means, he has simply to refuse to listen, or to let his mind wander to other subjects.

To nearly all rules there are certain exceptions, and here we must exclude those hysterical subjects of Charcot, who are rendered cataleptic or lethargic by a sudden sound or flash of light. Charcot himself estimates these poor neurotic patients as 1 in 100,000.

Ochorowicz mentions the case of a lady, who was hypnotized by him without her knowledge; but she was a person who was practically constantly hypnotized

by him, and the evidence he gives of her not being aware of his intention, is not by any means conclusive.

Another patient was hypnotized by the same observer, notwithstanding her protests that she would not be influenced; but here again we find that she had been regularly hypnotized by him.

Heidenhain adduces as a proof that some persons can be hypnotized against their will, the case of a soldier, whose officer commanded him not to sleep. Heidenhain, then closed his eyes, and held a watch to his ear, and hypnosis resulted.

In this case, if the soldier had not known that it was simply an experiment, in which perhaps the officer was as much interested as the doctor, he would not have submitted to having his eyes closed, nor to the watch being held to his ear.

I have not yet seen any evidence adduced to weaken the general rule, that (excluding extreme cases of hysteria) it is impossible to hypnotize against the will of a person.

On the other hand, it should be stated that the hearty co-operation of the patient, will not ensure success in all cases. I have frequently failed to produce even the slightest effect on persons, who came expressly for the purpose of being hypnotized, and were most anxious to be affected. The very anxiety to be hypnotized seems to be a hindrance to success in these cases.

Perseverance is in hypnotism, as elsewhere, sometimes needed in order to ensure success; some patients

in whose cases hypnotic treatment seems likely to be useful, are not influenced in the slightest degree, but even seem to be rendered more wakeful by a first attempt. In such instances, repeated trials should be made. Professor Gregory asserts that "everyone can be hypnotized with patience and perseverance."[1] This may or may not be correct, but the question is, How much patience is required? It is not every patient who is willing to submit to frequent trials, nor is every doctor willing to make them. *Dr. Milne Bramwell* is reported to have made sixty-eight fruitless attempts with one lady, and to have obtained complete success on the sixty-ninth attempt!

I must confess that as a rule if I do not succeed in making some impression on a patient, in four (or in exceptional cases six) sittings I abandon the attempt.

Advantages of Hypnotic Treatment.—Assuming for the sake of argument, that in certain cases, hypnotic treatment is useful, it seems to possess some advantages over other methods.

Thus, in some cases which are admittedly amenable to ordinary medical treatment, hypnotism seems to afford relief *very much more rapidly*. I have seen rheumatic pains, which no doubt would have yielded to salicylate of soda, entirely vanish after five minutes' hypnosis.

Again, if it is successful, there can be no question of its *deranging the digestive organs*.

Every physician has come across patients who were intolerant of certain drugs, which have seemed indi-

[1] "Animal Magnetism," 1851.

cated. Individual idiosyncrasies in regard to opium, quinine, arsenic, bromides, salicylates, digitalis, ipecacuanha, antipyrin, etc., are not uncommon. There are very few sedative drugs, which are not more or less objectionable, on account of their producing headache, constipation, or biliousness. Many of our best tonics have frequently some such counter-balancing objection.

If hypnotism is suitable in any case, it is free from all these after effects.

Another advantage of hypnotic treatment, though I do not mention this by the way of comparison with our other resources, is that it seems *absolutely free from indelicacy*, as there is no necessity for the patients to even partly undress to undergo the process, and so, it is quite admissible to treat them in the presence of their relations or friends.

CHAPTER III.

PHENOMENA OBSERVED DURING HYPNOSIS.

THE ONSET.—The symptoms which may be noticed during the onset of hypnosis, vary somewhat according to the method employed for its production.

Many of Mesmer's subjects exhibited violent convulsions on the onset of hypnosis.

If Braid's method be adopted, there may, though only very occasionally, be noticed a kind of nervous trembling of the limbs.

If fascination be the means employed, the only thing which may strike an onlooker is, in some cases, the presence of imitation by the subject of every gesture of the operator. To outward appearance, the patient may seem to be in his natural condition. In other instances, the eyes are seen to close gradually. Where the eyes are first closed, and passes and verbal suggestion used, there may be no indication of the development of hypnosis, except perhaps some modification in the breathing.

If however, the ordinary Nancy method of Liébeault be resorted to, the following evidences of approaching hypnosis are generally seen by the operator, or felt by the patient.

The pupils as a rule dilate and contract; the object looked at grows indistinct; the eyelids blink or quiver; the eyes may water; the breathing frequently becomes quickened and may even be panting; the

mouth becomes dry or parched; the pulse is often accelerated; then the eyes gradually close (though sometimes they are shut in the most sudden and spasmodic manner); the eyeballs are often seen to turn upwards, and hypnosis has been produced.

This is by no means an exhaustive account, nor are the evidences at all uniform, but this may be accepted as what occurs in an average case.

THE HYPNOTIC CONDITION.—The phenomena observed, once the patient has become hypnotized, present every variety, according to individual characteristics, and the depth of hypnosis obtained. Thus there may be merely a feeling of drowsiness, and disinclination to move, but absolute consciousness throughout and perfect recollection at the end of the sitting of everything which has been said or done, while it lasted; whereas, at the other end of the scale, there may be profound sleep, with absolute unconsciousness of everything, save the operator's suggestions, with complete insensibility to pain; catalepsy, somnambulism, the possibility of foisting any delusion upon the subject, or producing post-hypnotic hallucinations; and on awakening, there may be a total forgetting of all that has happened during the sleep.

Between these two extremes are found many gradations, and numerous attempts have been made at classification.

Delbœuf of Liège, proposes to divide hypnosis into two classes, viz. :—

(1,) Pain felt.

(2,) Pain not felt.

Forel of Zürich mentions three stages :—

(1,) Drowsiness.

(2,) "Hypotaxy" or inability to open the eyes. Suggestions obeyed.

(3,) Somnambulism—Amnesia.

Gurney, the late Secretary of the Psychical Research Society, speaks of two stages only :—

(1,) The alert stage.

(2,) The deep stage.

Max Dessoir of Berlin has also two stages :—

(1,) Voluntary movements alone affected.

(2,) Functions of the sense organs affected.

Liébeault introduces six degrees :—

(1,) Drowsiness only. } Consciousness complete in both.

(2,) Drowsiness with catalepsy. }

(3,) Greater somnolence. Any movement of the patient, such as rotating the hands, begun by the operator, continued automatically. Consciousness still present, and memory.

(4,) Patient only conscious of what operator says—this is remembered.

(5,) Somnambulism, with imperfect recollection.

(6,) Somnambulism. Post-hypnotic impressions possible. Amnesia complete.

Bernheim goes still further, and suggests nine divisions :—[1]

[1] "Suggestive Therapeutics," 2nd edition, London, 1890.

(1,) Drowsiness—suggestions of heat take effect.

(2,) Drowsiness with inability to open the eyes.

(3,) Catalepsy slightly present.

(4,) Catalepsy more strongly marked.

(5,) Contractures may be induced by suggestion.

(6,) Automatic obedience.

In all these stages the patients remember everything, are neither open to suggested illusions, nor hallucinations.

(7,) Amnesia on waking. Hallucinations not possible.

(8,) Amnesia—slight possibility of producing hallucinations, but not post-hypnotically.

(9,) Amnesia. Hypnotic and post-hypnotic hallucinations possible.

Dr. Tuckey of London thinks the best plan is to speak of:—

(1,) Light sleep.

(2,) Profound sleep.

(3,) Somnambulism.

Seeing that there are so many different divisions, I think it is well to discard all attempts at classification, until some table is generally accepted by hypnotists.

In actual practice, I have found it of little use to attempt to fix degrees arbitrarily, for patients vary as much in hypnosis, as they do in their features, and do not respect any theoretic arrangements, but constantly

overstep our scientific boundaries, and so render anything like mathematical exactitude of description out of the question.

Dr. Tuckey's divisions seem to me the best, but they hardly go far enough, as he himself points out.

I would suggest for the present at least, that the main points in each case be described separately.

In the following account of the hypnotic phenomena, I simply hope to describe some of the conditions which may be present, or be provoked by suggestion during hypnosis, without reference to any classification, and it must be distinctly understood that these conditions are not present in all cases.

Paralysis may be produced: it may only affect the eyelids, or it may extend to the limbs. In paralysis of the leg, the patellar reflex is exaggerated.

Paralysis may by suggestion be curiously specialized, so as to be limited to a particular movement. Thus a man may be able to move his arm and hand freely, but if the operator suggests, "You cannot write," it may be wholly impossible for the patient to sign his name. Again, a patient may be able to sing, shout or whistle, but may be prevented from talking. These special paralyses can be varied *ad infinitum*.

Catalepsy is very frequently present, and by this is meant, that if the arm is raised, to say, right angles with the body, it will retain this position for a great length of time. The legs will in many cases also remain in any position in which they are placed. The hand or a single finger can also be rendered cataleptic;

in fact, at the will of the operator, almost any set of muscles may become cataleptic.

In extreme cases, the whole body can be made so rigid that the patient can be poised in the air, with no more support than a chair back under his head, and another under his heels, and in this position will bear the weight of another person on his chest.

The length of time during which the cataleptic condition may be maintained is astonishing. Moll relates an instance of catalepsy continuing for seventeen hours, and other observers have recorded cases in which cataleptic positions were kept up for five, six and seven hours.

The most striking point about these cataleptic states is, that when the patient is aroused, he generally has no feelings of either fatigue or discomfort.[1]

Somnambulism.—The deeper degrees of sleep in which sensory delusions may be produced, and the patient may be induced to perform active movements, and has an imperfect memory, or absolute loss of memory on waking, are generally called somnambulism.

Some people use the term as a synonym for hypnotism, but this leads to confusion.

Automatic movements, as they are called by Liébeault, are often observed. If the patient's arm be rotated,

Charcot and his pupils Binet and Féré, refuse to recognise this as catalepsy, preferring to designate it as a "catalepsoid state," "catalepsoid rigidity" or "pseudo-catalepsy." They hold that in true catalepsy "the eyes are wide open, the gaze is fixed, the limbs offer no resistance to change of attitude and do not tremble, the respiration remains calm. The constrained position cannot be maintained for more than ten or fifteen minutes."

or his hands set revolving round each other, these movements will be continued for an indefinite period.

Max Dessoir more correctly describes these as "*continued movements.*"

Imitation is frequently observed, so that the patient will do everything that the operator does. If the operator walks away, the patient follows; if the one laughs, so does the other, etc.

A peculiar form of imitation is "*echolalie,*" or "echo-speech;" it is also spoken of as "speech automatism."

Berger observed that "by applying pressure with the hand to the subject's neck, he can be induced to repeat whatever the operator says."

Heidenhain declares that the experiment succeeds just as well if the words are spoken towards the neck, without the pressure, or if the words are directed to the epigastrium.

From personal observation, I cannot help thinking that these experiments must have had a flaw somewhere, for I have never yet seen a patient who would imitate speech when the neck was pressed, or when the words were spoken towards the epigastrium, unless he knew he was expected to do so. If in the hearing of a patient in whom "imitation automatism" is present, the suggestion is made, that when any part is touched, or the speech directed towards any part of his body, he will repeat the words, the suggestion will probably be carried out, but without such direct or indirect suggestion, I do not think the experiment will be confirmed.

In some patients *the mouth is dry*, in others there is *an increased flow of saliva*.

Most patients experience a feeling of *warmth* and comfort during hypnosis. *Perspiration* is frequently observed.

The subject of *unilateral hypnosis* has been much discussed. Braid wrote in 1843 that while a person is in hypnosis, "a puff of air, or pressure on one eye, will restore sight to that eye, and sense and motility to that half of the body."

Heidenhain has stated that "stroking the forehead and temple on one side will produce paralysis of the same side; the face on that side remains immovable, and speech is impossible."

Moll thinks unilateral hypnosis depends on suggestion.

I have frequently repeated the experiments of Heidenhain, but never successfully, without verbal suggestion.

Aphasia can frequently be produced during hypnosis, so can *aphonia*.

Amnesia can in some cases also be suggested. A patient may be made to forget his own name, or a given letter or number. Thus if it is suggested to a patient that there is no such letter as *a*, and no such number as 5, he will, in spelling such a word as *facial*, say "f-ci-l," or in counting up to 6, say "1, 2, 3, 4, –, 6."

Colour-blindness can in some instances be developed by suggestion.

Special senses can be suppressed. Thus strong

ammonia can be held under the nostril without the patient wincing, if he is told he cannot smell.

Similarly he can eat pepper without inconvenience, if it is suggested he cannot taste.

Blindness can be developed in the same way.

Itching is easily produced in many cases.

Some patients can be made to *feel hot or cold*, or to imagine they are oppressed by a great weight, by simple suggestion.

Deafness, too, can often be induced.

Anæsthesia is very frequently present, though in varying degree. Some patients do not notice pinching, but still waken at a pin-prick; others are so profoundly insensible that any surgical operation might be performed upon them painlessly. The *pulse, respiration, and temperature* may in some cases be modified. Thus if it is suggested to a patient that he is making some great effort, the pulse and respiration may be perceptibly quickened; if it is suggested that he is very feverish, the temperature may be raised. Dumontpallier is said to have succeeded in this way in raising the temperature 3° C.

Krafft-Ebing, by suggesting to a patient that he was in a cold bath, produced *goose-skin*.[1]

Peristaltic movements of the bowels can sometimes be controlled.

I have seen De Jong produce and suppress borborygmi by command. I have frequently succeeded

[1] "An experimental study in the domain of hypnotism." R. Von Krafft-Ebing. London, 1889.

in producing an action of the bowels by suggestion during hypnosis.

Krafft-Ebing gave a patient whose bowels were easily acted upon, *two tablespoonfuls of castor oil*, with the suggestion that there should be no motion passed for forty-eight hours; an ordinary stool was passed at the end of the time appointed, but no action at all occurred in the interval.[1]

Diarrhœa can similarly be induced.

Hunger and thirst can be created or appeased in some persons during hypnosis.

Hallucinations and Illusions can be called forth in many persons very easily, and you have only to give the patient a start, for him to fill in details, of which you may not have thought. Thus I gave a gentleman an opera-glass, and suggested that he was in a theatre. He at once described to me the appearance of the stage, the persons who were on it, the composition of the orchestra, the music, and said it was the "Bohemian Girl" which was being played.

I have succeeded, too, in making a patient think I was a partner of his, who was not present at all, and he sat down beside me to discuss the state of their commercial undertakings.

I have given a penknife to a patient as a watch, and he has not only told the time by it, but opened the works, and mentioned the name of a well-known watchmaker as the manufacturer of it.

These hallucinations and illusions could be multiplied *ad nauseam*, but they have become so familiar

[1] See Note on previous page.

from the repeated exhibitions of showmen, that I do not think it necessary to give further instances.

What are termed "*negative hallucinations*," are readily induced in some cases. When a person does not see anything where there really is something, he is said to be subject to a negative hallucination.

If it is suggested to such a patient that A is not in the room, he will walk against A without noticing him, or try to sit on the chair occupied by A, thinking it is empty.

Change of personality can sometimes be effected during the hypnotic state.

Thus a patient can be made to consider himself a general, a policeman, a boy, or a woman, and as a rule he will at once endeavour to "live up" to his new position.

If a middle-aged man is told that he is a little girl, he will look at his frock, speak in a child's voice, and if asked to write will assume a girl's hand, etc.

Moll thinks the *handwriting* does not change with altered personality, though he admits that if it is suggested to an adult that he is a boy, he will write his usual hand, but awkwardly, etc.

False Memories can in some cases be created. Thus if a patient who has never been out of England is told that he was in America last year, he may accept the suggestion, and give details of his visit.

Certain faculties may be developed or heightened during hypnosis. Thus Dr. Tuckey tells us how Grazzini of Florence succeeded in getting an uneducated patient, who hardly knew how to hold a

pencil when awake, to make copies of drawings during hypnosis, which were wonderfully exact.

A patient of mine, who is an accomplished pianist, will frequently when hypnotized play the most delightful and difficult impromptu music, though in his waking condition he confines himself to playing other persons' compositions.

Professors Forel, Krafft-Ebing, Bernheim, and others, have published accounts of *blisters* produced by suggestions given during hypnosis.

I have not had an opportunity to test these statements by actual experiment, but I have myself seen distinct redness of the skin, produced on the back of the hand, in twenty minutes, in the case of a patient to whom I suggested that an ordinary piece of paper bound on with a handkerchief was a blister.

Pain can very often be developed by a mere hint. It is sufficient to say, "What an angry boil you have got on your hand;" "How swollen your face is from that toothache," etc., to produce intense suffering.

Hyperæsthesia is present sometimes, and manifested in different ways.

Touch may be very sensitive, so that the points of a compass can be distinguished at a much less distance than during wakefulness.

Braid describes some experiments in which the perception of *pressure and temperature* was particularly heightened, so that chairs, etc., could be *felt*, without contact, at a considerable distance, and a breath of air from the lips could be felt at a distance of fifty feet.

Hearing, too, may be greatly exalted. Braid relates a case in which a patient could only hear the ticking of a watch at the distance of three feet normally, but who, during hypnosis, could hear the same watch thirty-five feet away.

Smell, too, sometimes becomes so sensitive as to be more like the scent of a dog. Carpenter quotes an instance in which a hypnotized person distinguished the owner of a glove in a room containing sixty people, solely by the aid of smell. Braid, too, relates many similar interesting cases.

Vision is sometimes particularly acute. I have repeated a well-known experiment, for which we are indebted to the French school. If a sheet of perfectly clean notepaper is handed to a subject, and he is told it is a photograph or a picture, he will accept the suggested hallucination. Now, if the same piece of paper is placed among a number of precisely similar sheets, and the lot shuffled, he will be able to recognise it.

Binet and Féré pushed this experiment further. They photographed the selected sheets of paper, and found that the subjects could easily recognise the photographs by their containing the suggested portrait.

Binet explains this by showing that on every sheet of paper there are minute differences (*points de repère*) which are not noticed by the ordinary observer, but which become associated in the subject's mind with the suggested face or landscape.

Increase of Muscular Strength.—There is sometimes present a great increase of muscular power, so that

patients can perform feats of strength which ordinarily would be impossible.

Dr. Renaud, of Manchester, tells me he was once present at one of Elliotson's private demonstrations, and saw a young and delicate woman (one of the Misses Okey) lift with the greatest ease in one hand, a large weight, which a strong man could scarcely raise off the ground with both hands.

Post-hypnotic suggestions can in some cases be successfully given, but of these I will speak more fully later. What is meant by the expression is that certain hallucinations or impressions made during hypnosis may continue after the subject has been fully awakened; or that in some cases a suggestion to do certain acts, or see a given hallucination, after a lapse of time (*suggestion à échéance*) will be realised.

Rapport is a curious phenomenon sometimes present in hypnosis. Where it exists, the patient is, as it were, only "in touch" with the operator. He hears the gentlest whisper of the hypnotist, whereas all other voices and sounds are unnoticed. If his arm is raised in a cataleptic position, a stranger may use all his force to lower it to no purpose, but it falls at the lightest touch from the operator. If the hypnotist tells him he will now hear and feel a third person, he is at once "*en rapport*" with such person, and in some cases ceases to be in relation to the original operator. In these cases, the person to whom the rapport has been transferred, has to re-transfer the patient to the hypnotist.

Perception of Time.—It is very curious in many

cases to notice what correct ideas of time are entertained during hypnosis. For instance, if a patient is told to waken in forty-five minutes, the hypnotist himself will be utterly at a loss to measure this period, without frequent reference to his watch or a clock, but the subject will very often waken to the minute.

Effects on Menstrual Functions.—One of the most difficult assertions in connection with hypnotism for us to accept is that the menstrual functions can be modified by suggestion made during hypnosis.

When Dr. Auguste Voisin told the British Medical Association that he had been able to cure menorrhagia and amenorrhœa by means of this agency, the audience laughed, but did not believe him.

However, his testimony is supported by that of other observers, and I have myself repeatedly seen cases of profuse and painful menstruation, in which hypnotic suggestion was followed by painless and perfectly normal catamenial periods.

Consciousness.—It is a very prevalent opinion that a person is absolutely unconscious during hypnosis, but this is certainly very far from being correct.

It must be borne in mind in dealing with this point, that by hypnosis we mean *every condition in which there is a heightened receptivity of suggestion.*

Now we have seen that a great many patients can detail minutely everything that has occurred during their hypnosis, and can give a very clear description of their own feelings. It is manifest that such people are conscious.

In others, once the hypnosis is over, the memory is

hazy, in some it is altogether absent; but to any careful observer there is abundant evidence of consciousness, though it may be different from ordinary consciousness. Thus in the case of somnambulic patients, you can get intelligent answers to your questions; they can describe what they see, and act with good judgment even in suggested hallucinatory situations. If you make a somnambulist believe he is in danger from some source, he will at once take suitable steps to avert the peril. It is clear he is not in his ordinary conscious condition, or he would recognise the falsity of the suggestion; but he is certainly conscious to some degree, or he would not protect himself.

If a patient is made to believe that he has cut his finger, he will see the blood flowing, and feel the pain, so he is assuredly not in his waking condition of consciousness; but is it not equally conclusive, that when he gets out his handkerchief to staunch the bleeding and bind up his finger, he is not *un*conscious?

Another very striking proof of consciousness during hypnosis is that a patient, even when profoundly somnambulic, will generally resist any suggestion which is repulsive to his feelings. I have frequently seen a person in whom I have been able to produce all sorts of paralyses, pains, hallucinations and illusions, completely wakened by the command to do something which was contrary to his natural inclination, and this in cases where there was not the slightest recollection of a single item that had occurred while hypnotized.

Yet another proof of consciousness is found in the

fact that many somnambulists are quite aware that they are hypnotized, and will explain to you that they know very well that they are not awake.

Dehypnotization.—When it is desired to end the hypnosis, the methods to be adopted are very simple.

In by far the majority of cases, the simple suggestion to awake, or that the sitting is over, is quite sufficient to determine the condition.

In the lightest forms of hypnosis, it is hardly correct to speak of wakening, for sleep is not really present.

Sometimes the arousing is sluggish, and then fanning the face is useful, or the command, "Waken up!" may be repeated.

If Braid's method of inducing hypnosis has been used, it may occasionally be necessary to give the patient a slight shock, such as a slap on the arm.

In many cases it is easy to arouse the patient by telling him to rouse up in ten minutes, or at any other fixed period.

In other cases it can be suggested that the patient will be thoroughly awake at any given sign, such as when the door is opened, when the operator coughs, or counts up to ten; or when the subject himself counts a certain number.

Sometimes if a patient is told to count ten, but wake up when he gets to five, he will do so, but continue, he knows not why, to count until ten is reached; others stop the moment they get to five, and it is curious to see the sudden return to full consciousness, with the lips shaping to count the six.

The methods of awakening can be varied greatly, and are often very interesting.

Some patients are fully awake instantly, others take a few seconds to regain their normal condition. They sometimes yawn and rub their eyes, as if awakening from an ordinary sleep.

I only once saw a patient take more than a few seconds to be quite himself again. It was the first time this gentleman was hypnotized. He came to me for the purpose, and speedily became deeply affected. When told to waken, he at once opened his eyes and looked round; asked where he was, and how and why he had come. In two or three minutes he remembered everything up to the point of going to sleep.

I have never yet had the slightest difficulty in ending hypnosis, nor have I ever met with any medical hypnotist who has, though there are numerous cases on record, where amateurs were not able to put an end to the condition which they had produced.

Natural Termination of Hypnosis.—A hypnotized person will always waken naturally if left alone, though the length of such undisturbed sleep varies greatly. As a rule patients will waken in about fifteen to twenty minutes, but cases are on record where the sleep has lasted eighteen hours.

Condition after Hypnosis.—It is important to know how a person feels after his hypnotic rest is over.

Generally he will tell you, if questioned, that he feels warm and comfortable, and it has often been my experience to be reproached for rousing patients from what they describe as a state of perfect calm.

They often say they feel as refreshed after five or ten minutes' hypnotic rest, as if they had had a night's sleep.

It is not uncommon for subjects to feel stronger at the close of the hypnosis than when they began.

Occasionally there may be slight headache or giddiness, with a sensation of chilliness, and complaints the next day of not having slept well.

It must not be overlooked, however, that a patient's feelings on awakening can be greatly modified by suggestions offered during hypnosis, and that being so, any unpleasant symptoms may be avoided. No experienced hypnotist would think of concluding a hypnotic sitting, whether undertaken for experimental or therapeutic purposes, without some general suggestions, such as: "When you waken you will feel perfectly well; you will be comfortably warm, free from headache and giddiness, and will be much better for the rest you have had. You will sleep better than usual to-night."

I have now given a very imperfect outline of some of the leading phenomena to be observed during hypnosis. I have not pretended to arrange them in any order of appearance, for they are very erratic in this respect. Neither have I attempted to divide them, as is often done, into (*a*,) physical and (*b*,) mental. My object has simply been to acquaint the reader, who has not hitherto studied hypnosis, with the lines on which he must work, if he is anxious to master its various manifestations.

One phenomenon I have purposely not included in

the above sketch, namely, "Lethargy," but we will now briefly consider it.

Lethargy.—The reason why I have not referred to this subject when dealing with the phenomena of hypnosis, is that it is a condition which is practically unknown except to Charcot and his pupils.

Liébeault, Bernheim, Moll, and other accomplished hypnotists are not familiar with it.

A form of lethargy was often referred to by the older "magnetisers," where the patient seemed to be wholly unconscious, and incapable of being wakened, but recovered after a long period spontaneously.

Charcot maintains that during lethargy, the subject is *totally unconscious*, but that the condition is absolutely and easily distinguishable by what he calls its "*neuro-muscular hyper-excitability.*" He declares that "if sufficient pressure be made upon a nerve or muscle," in a lethargic patient, "the corresponding segment of a member assumes a fixed posture, which is in all instances the same," and this he considers is the essential feature of lethargy, which is, however, further characterised by complete anæsthesia.

For the better understanding of the want of agreement on this point, it will be necessary to consider the differences between the—

Two Great Schools of Hypnotism.—Much confusion has arisen not only in the profession, but also in the public mind, owing to lack of knowledge concerning the two schools of hypnotism, which renders it impossible to reconcile the very conflicting reports on the subject. Thus one hypnotist declares that

hypnotism is dangerous and a sign of disease, whilst another as confidently asserts that it is only beneficial, and a high road to health.

Let us try to fathom this.

The two camps which hold such diametrically opposed opinions are, respectively, the Paris School, dominated by Charcot, and the Nancy School, founded by Liébeault, and now also represented by Bernheim.

A very cursory glance at one of Charcot's latest publications, reveals in a few words the reason for the difference between him and his disciples on the one hand, and Liébeault and his converts on the other.

Charcot's School.[1]— Charcot says, "At the very outset, my studies dealt with hysterical women, and ever since *I have always employed hysterical subjects.*"[2]

To my mind this admission renders the whole of his laborious investigation a speciality as it were, in the study of hypnotism.

With the greatest possible respect for Charcot, who is admittedly one of the foremost scientists of our day, I must say, that in my opinion *he has never as yet fairly experimented in the wider or Nancy hypnotism.*

If one wanted to test the properties of some new antipyretic, it would not be an exhaustive investi-

[1] "Magnetism and Hypnotism," *The Forum*, January, 1890.

[2] All these "subjects" were women. This confession is further elucidated by Binet and Féré, who were present at Charcot's investigations, and tell us that if we wish to repeat them, it will not do to select simply "hysterical subjects," but it is essential to secure subjects suffering from "*epileptic hysteria*," the only class employed in these experiments.

gation, to experiment with patients whose temperature was already sub-normal; nor would it be a fair trial for a new sedative, to give it to a man whose system was at the time loaded with morphia.

Charcot has only studied *hysterical hypnotism*, and this being so, it is not altogether a matter for surprise, that he comes to the conclusion that it is dangerous, and of no practical value; that hypnosis is in itself a neurosis.

As far as I know, Charcot has never yet made an effort to use hypnotism *therapeutically*, but seems to have been content to create striking effects before his semi-public audiences.

What then do Charcot's observations amount to? Simply this, that in certain very exceptional cases of acute hysteria, he has succeeded in developing certain phenomena, which he divides into three stages:—

(1,) Lethargy.—Produced by fixing the eyes upon a shining object. It is a state of "absolute unconsciousness," in which the eyes are closed and the subject neither sees nor hears, but displays the "neuro-muscular hyperexcitability" already referred to.

(2,) Catalepsy.—This stage is brought about by simply opening the eyes of the lethargic subject widely with the fingers.

Its characteristics are, that the eyes remain open and staring, the subject remaining "wholly unconscious"; the muscles can no longer be excited by direct pressure, but have now the property of retaining whatever attitude may be given to the members.

There is also present a peculiar unison of attitudes and facial expression—the patient clenching her fist, if the face muscles which express anger are made to contract by electricity; and conversely the face will assume the appearance of violent anger, if the fists be clenched, and made to adopt a threatening attitude.

(3,) Somnambulism.—The cataleptic patient passes into this third stage, if the top of her head be briskly rubbed, and now is for the first time, said to be in mental connection with the outer world. She can keep her eyes open or closed at will; she often looks as though she were awake; she answers questions. Her muscles can now be made to contract, by merely grazing the skin overlying them, or by making passes, even at a distance along their course.

These are the three famous stages of Charcot, which together constitute what he calls the "*grande hypnotisme*," in contradistinction to the "*petit hypnotisme*" of Nancy.

Charcot considers this *grande hypnotisme* to be a genuine neurosis.

Binet and Féré also say that only about a dozen of these subjects were to be found in the Salpêtrière in ten years.

Charcot's experiments then lose much force, when it is borne in mind that they have all been made in these very exceptional cases.

It is curious to note that Braid made some very similar observations: "The first symptoms of the hypnotic state are extreme excitement of all the organs of sense, sight excepted.

"By allowing a little time to elapse, he will lapse into the opposite extreme of rigidity and torpor of all the senses.

"At this stage a puff of wind directed against any organ, instantaneously rouses it to inordinate sensibility, and the rigid muscles to a state of motility."

The Nancy School.—Liébeault and his followers, instead of confining their work to hysterical women, take without selection, men, women and children of all classes, and maintain that hypnosis, as they understand it, is not a neurosis, but a condition very much akin to drowsiness, ordinary sleep, or somnambulism, according to its intensity; that the majority of the people can be hypnotized, and that hypnotism is a useful remedy.

The three stages of the Salpêtrière are unknown in Nancy, Liébeault never having met them in the thousands of patients he has hypnotized during thirty years. Bernheim too has carefully searched for them, but failed to find them.

Though I do not for a moment compare my experience with that of these observers, I can only say that I have followed all Charcot's rules, except one, time after time, and never yet succeeded in detecting the three stages. The one rule that I have not adhered to, has been, that I have not experimented in any hystero-epileptic case.

I do not deny that Charcot's reports are strictly accurate, but I cannot see that they are of much utility to the practical physician.

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Another great difference between the schools is, that while the great Paris scientist merely uses hypnotism as a clinical demonstration of a neurosis, the Nancy doctors use their form of hypnotism solely as a therapeutic agency.[1]

[1] In justice to Charcot, I must mention that he has lately stated that "suggestive therapeutics" (*i.e.*, the Nancy method) may be looked to, for good effect in hysterical phenomena.

CHAPTER IV.

WHO ARE SUSCEPTIBLE?

Having now got a general idea of what hypnosis means, and of its leading phenomena, as well as of the methods to be employed for its production, let us see who can be hypnotized.

It is difficult to say precisely who can be influenced. Some writers contend that very few people can be affected. I have heard professional "mesmerists" declare that only ten per cent. are capable of being hypnotized.

Bottey thinks about thirty per cent.

Morselli places the proportion at seventy per cent.

Delbœuf maintains that eighty per cent. can be reduced to a state of hypnosis.

Braid once succeeded, at a private lecture to the profession in London (1842), in hypnotizing sixteen out of eighteen adults, mostly entire strangers to him.

Dr. Tuckey states it as his opinion that ninety per cent. may be hypnotized, and this percentage is claimed by many continental hypnotists.

Drs. van Renterghem and van Eeden assure me that they succeed in ninety-five per cent.

Gregory believed that every person could be hypnotized.

In 1880, Dr. Liébeault drew up the following table :—

RESULTS OF EXPERIMENTS IN 1012 PERSONS.

Drowsiness	33
Light Sleep	100
Deep Sleep	460
Profound Sleep	230
Light Somnambulism	31
Deep Somnambulism	131
Unaffected	27
	1012

Speaking, then, broadly, and including every degree from the lightest to the most profound, it seems evident that by far the majority of persons may be hypnotized.

One point should not, however, be overlooked in making estimates of susceptibility—*i.e.*, the number of trials which are made to induce hypnosis.

We are not told, for instance, how many experiments were made with Liébeault's 1012 patients, but I feel certain that so high a percentage (over ninety-seven per cent.) could only have been attained by great perseverance; certainly, when I studied at Nancy, I saw M. Liébeault fail with a much higher percentage on first trial.

Drs. van Renterghem and van Eeden admit that great persistence is required to reach their standard.

I would content myself by saying that *on a first trial, probably six out of ten average patients can be hypnotized*, but that repeated trials will result generally in eight out of ten becoming hypnotized.

It is quite possible that if the remaining two patients

were persevered with, one, or perhaps both, might in time succumb.

The circumstances of the experiments must also be reckoned.

Most of my trials have been made in my private study, and generally in the presence of only one witness.

If, however, a number of spectators were present, I have no doubt that the consequent nervousness would prevent success in many cases.

Influence of Sex.—It is a very common belief that only women are susceptible, but actual experience proves that sex has very little, if any, effect in this direction.

Constitution and Mental Capacity.—It is frequently held that only *weakly persons* will yield to hypnotism. This is certainly an error, and it will often be found that athletic persons are amongst the easiest to affect.

Another common mistake is to assume that only *hysterical or weak-minded* persons are good subjects.[1] So far from being correct, this idea will be found in practice to be the very reverse of one's experience.

Hysterical women are generally most obstinate, whereas intellectual people, with well-balanced minds, are often readily influenced.

Nor is this to be wondered at. Seeing that intelligent co-operation is an essential, it will easily be understood that a silly girl, whose thoughts are constantly wandering to her new dress, or a coming dance,

[1] If this were true, we would be forced to admit that about eighty per cent. of us were weak-minded.

can hardly be induced to sufficiently concentrate her attention to give you her co-operation; whereas, on the other hand, the intelligent person has his or her thoughts under control, and so will, by excluding disturbing ideas, give the operator the benefit of good-will.

The imbecile or lunatic is hardly susceptible at all.

True, Voisin succeeded with ten per cent. of his insane patients, but he often spent as much as three hours at a time on a single patient.

With some people of the very highest intelligence, however, great difficulty is experienced.

They take such an active interest in the experiment that they, as it were, *stay awake to see if they sleep*, or watch the whole process in an analytical mode, wondering what will be the first sign of hypnosis, and how the next step will manifest itself. Until such patients can give themselves up wholly, they are not likely to be hypnotized.

Phthisical patients are constantly found to be amongst the best subjects.

Age certainly has a very great influence on susceptibility, children being especially good subjects; whereas old people, though not wholly unsuitable, are distinctly more refractory.

Infants are not generally thought to be capable of being hypnotized, though Liébeault thinks gentle stroking of their limbs will produce a kind of hypnosis; it certainly will induce sleep, just as the rocking of the cradle will.

Braid once took thirty-two school children and hypnotized the whole of them in twelve minutes.

M. Beaunis has published a most instructive analysis of Liébeault's table, referred to above.

Age.	[1] Somnambulism.	Profound Sleep.	Deep Sleep.	Light Sleep.	Drowsiness.	Unaffected.
Up to 7 years	26·5	4·3	13·0	52·1	4·3	·0
From 7 to 14 ,,	55·3	7·6	23·0	13·8	·0	·0
,, 14 to 21 ,,	25·2	5·7	44·8	5·7	8·0	10·3
,, 21 to 28 ,,	13·2	5·1	36·7	18·3	17·3	9·1
,, 28 to 35 ,,	22·6	5·9	34·5	17·8	13·0	5·9
,, 35 to 42 ,,	10·5	11·7	35·2	28·2	5·8	8·2
,, 42 to 49 ,,	21·6	4·7	29·2	22·6	9·4	12·2
,, 49 to 56 ,,	7·3	14·7	35·2	27·9	10·2	4·4
,, 56 to 63 ,,	7·3	8·6	37·6	18·8	13·0	14·4
Over 63 ,,	11·8	8·4	38·9	20·3	6·7	13·5

From this table it will be seen at once that children from seven to fourteen years of age yield the largest proportion of somnambulists, and that practically there are no subjects in this period who may not be more or less influenced.

Race.—It was for a long time supposed that only certain races could be hypnotized, and some writers in England flattered themselves by saying that whilst Esdaile's almost universal success in India on the natives was not surprising, and the general susceptibility of the French was only to be expected, it would be found that John Bull was much too stolid to be affected.

[1] M. Liébeault has more recently prepared a list of 2534 subjects hypnotized by him, showing that of that number, 385 were somnambulists; this is 15·19 per cent., or one in 6·58. (Bernheim's "Suggestive Therapeutics." 2nd Edition.)

Actual experiments seem to show that all nations are very much alike, though possibly the Orientals are the most deeply influenced.

How to Foretell Susceptible Persons.—One is constantly asked if it is possible to say beforehand, in any given case, whether a person can be hypnotized or not.

As yet no satisfactory data have been formulated, but I cannot help thinking that experience begets a sort of instinct, by means of which the hypnotist can generally arrive at a pretty accurate conclusion.

Liébeault thinks that persons who are imaginative and easily impressible are good subjects.

Dr. Ochorowicz advises the use of his "*hypnoscope*" as a preliminary test of susceptibility. It is a ring-shaped magnet, which is placed on the finger of the person to be tested; if in a short time he feels the finger stiff or numb, or is conscious of any other peculiar sensation, he is held to be a suitable subject. This seems to me a very unsatisfactory method; for, as Dr. Hack Tuke has reminded us,[1] most people will find that if they simply look attentively at one of their fingers for a few moments, they will become aware of some uncomfortable sensation, such as cold, heat, tingling, or "pins and needles."

Besides, a trial of the hypnoscope will not occupy a shorter time than our actual attempt to produce hypnosis.

To my mind, seeing that it is possible to influence by far the majority of one's patients, the more impor-

[1] "Illustrations of the Influence of the Mind upon the Body."

tant point is, how to tell beforehand who will belong to the refractory minority.

Who can Hypnotize?—This is a question of greater importance, but at the same time, perhaps, admits of a readier answer.

Broadly, anyone can be a hypnotist; but, to quote Professor Gregory, "Everyone possesses the power to hypnotize others, *though in variable degrees.*"

There seem to be certain qualities which go a long way towards ensuring success; just as in everyday life some people seem naturally to attract us, and by their very appearance to inspire us with confidence, whilst others repel us, and arouse our suspicions.

One medical man has the happy art of raising his patient's spirits, and making him feel better, by the very manner of his entry into the room; another has the misfortune to depress his patient, and make him magnify his symptoms, before ever a word has been exchanged.

In hypnotism, it will be found that the man who at once begets in his patient a feeling of trust and safety has already the most essential qualification for success; and this quality is more necessary for the hypnotist than the physician, who does not leave the old lines of treatment, for the reason that at present there is such widespread ignorance, almost amounting to dread, on the part of the laity in reference to hypnotism.

Confidence in himself is another point which contributes largely to success; for if the patient detects any indecision or nervousness on the part of the operator, the feeling quickly becomes contagious, and

will overcome any amount of trust in the general ability and integrity of the doctor.

Confidence in the treatment is also a great help to the doctor, for many patients declare that they themselves have no faith whatever in the new-fangled agency, and consider it sheer waste of time to try it; if to this scepticism the doubtful opinion of the doctor is added, there is hardly likely to follow a fair test of hypnotism.

I do not mean that we should assure our patients that the treatment will cure them; far from it; but we should at least be emphatic in declaring that we have good ground for thinking that the treatment may be followed by benefit.

CHAPTER V.

TREATMENT DURING HYPNOSIS.

The treatment by means of hypnotic suggestion may be conveniently discussed under two heads: (1,) Medical, including Midwifery, Gynæcology, Moral perversions, and Lunacy; and (2,) Surgical.

(1,) Medical Treatment
- (*a*,) General
- (*b*,) Midwifery
- (*c*,) Gynæcological
- (*d*,) Lunacy
- (*e*,) Moral

(*a*,) *General.*—Hypnotism seems to offer a wider field of applicability to the Physician than to the Surgeon, and the practical point for us to consider here is, the kind of cases in which it is likely to be of any service.

As yet, few have been bold enough to attempt to define the limits within which the physician may find hypnotism worth a trial.

Charcot, it is true, seems to think it cannot possibly be hoped to do more than ameliorate *hysterical* ailments; but this view is by no means accepted by those who have seriously employed it as a remedial agent.

Something like a clue can be got from a consideration of how vast an influence is wielded by the mind over the body.

Dr. William Stokes, in his classical work on the "Diseases of the Heart," gives due weight to this factor in the cure of disease.

He pointed out how recovery is often retarded by depressing emotions, and in dealing with cardiac neuralgia, says, "One of the *most certain remedies* consists in removing from the patient's mind the apprehension that his heart is organically diseased."

Trousseau, in his "Lectures on Clinical Medicine," recalls the famous experiments of Claude Bernard,[1] to show the intimate connection between the floor of the fourth ventricle, and the development of glycosuria, and that between other cerebral areas, and polyuria, or albuminuria.

He also points out how neuralgia excites the secretion of neighbouring glands; how the passions and intellectual engrossments affect secretion; how mental disturbance will increase micturition; anger modify the lacteal secretion; fear produce diarrhœa; and impresses the fact that *the whole digestive system, including the liver and pancreas, may be affected by the mind.*

Graves, too, in his "Clinical Lectures on the Practice of Medicine," enforces the importance of what he terms the "*power of moral impressions*" in aiding the cure of disease.

Sir James Paget, in his "Lectures on Surgical

[1] Claude Bernard's experiment has, of course, no direct bearing on hypnotism, further than showing that the brain is really the seat of some diseases, which were formerly supposed to originate elsewhere, and that being so, we may be able through the brain to modify some of the symptoms of these ailments.

Pathology," directs special attention to the effect of mind upon nutrition, and says, "*There is scarcely an organ, the nutrition of which may not be affected by the mind.*"

He cites a very telling case of a patient who consulted him about a tumour in her breast, which she believed to be a cancer. Paget boldly assured her that it was not malignant, and further, that it would speedily disappear. The latter portion of his statement he hardly expected to see fulfilled, but he reports, with apparent surprise, that it began to shrink immediately, without either internal or external therapeutic treatment.

Dr. Henry Maudsley,[1] in dealing with the same point, reminds us of what is often observed by Army Surgeons, that the excitement of battle frequently prevents a soldier perceiving that he has been shot, or received a sabre cut; such wounded men will often continue fighting until they faint from unnoticed loss of blood.

Dr. Hack Tuke[2] tells us that "*the mere concentration of the mind may excite the action of some parts, and lower that of others.*"

These quotations not only serve to give us an indication of the direction in which we may hopefully look for satisfactory results from the employment of hypnotic suggestion, but serve to explain the *rationale* of the treatment, and furnish a powerful argument in favour of its having at least a fair trial.

[1] "Pathology of the Mind."

[2] "Influence of the Mind upon the Body."

If, as some writers state, it is true that the mind has such a powerful effect on the body, that impressions made upon it in the wakeful condition may increase, diminish, or otherwise modify secretions, promote or retard recovery, and obliterate or exaggerate pain, is it not reasonable to suppose that when we induce hypnosis, and so bring the brain into a state of exalted receptivity, we may be able so to heighten and intensify its influence on the body, as to bring about the very changes we desire, hastening absorption, promoting secretion, or annihilating pain?

I think then we may fairly start by saying that it is clearly justifiable to employ hypnotic suggestion in *all cases where a distinctly nervous element can be detected.*

These cases will be found to cover a wider field than perhaps appears at first sight.

It is surely within the experience of every physician, that many of the most distressing ailments, which make themselves known by physical symptoms, are often directly due to mental conditions. Who has not seen *diabetes* apparently directly follow worry; *gout* determined by anxiety; or *eczema* seem to originate as a consequence of mental depression?

Then consider the host of diseases, which are grouped promiscuously under the title "nervous," for want of a better definition; the neuralgias, insomnias, dyspepsias, palpitations, hysterias, neurasthenias, etc., etc. These alone would furnish scope enough for the most avaricious practitioner.

Again, we may say that the area with which we

started covers *every affection which is accompanied by pain*, though in maintaining that we are justified in trying hypnotic measures in every case where there is pain, I do not mean it to be supposed that the mere removal of suffering is synonymous with the cure of its cause. But we all know that opium, by its action in lulling pain, very often materially assists in the cure of diseases, of which such suffering is merely a symptom. Pain is, however, sometimes so formidable a symptom, that it is sufficient to exhaust the patient, or where lesser in degree, it may, by prohibiting sleep, disturbing the appetite and digestion, and constantly forcing itself upon the attention of the invalid, produce such a morbid depression of spirits, that his recovery is very much delayed.

If hypnotism is found to act as a kind of moral or mental opiate, giving refreshing sleep, freedom from pain and anxiety, it may become at least a useful adjunct to medicinal treatment, in cases where it is not sufficient to produce cure alone.

Hypnotism may also be accorded a trial *in all functional disorders.*

These are such sweeping assertions, that I must distinctly repudiate any desire to put this treatment forward as a panacea, or successor to our usual means of treatment.

I am anxious to be clearly understood on this point. I do not for one moment believe that all ailments, whether of a nervous or functional character, are amenable to hypnotic suggestion; but I do believe that it is justifiable to try this method, either alone or

in conjunction with medicinal treatment, in these cases.

Probability of success.—It is only to be expected that my readers may fairly demand to know what is the use of trying hypnotism; in other words, what is the probability of success?

I am wishful on this point to keep clear of anything resembling a dogmatic statement. What I want is to induce my readers to try the treatment for themselves.

I am by no means an enthusiast, but still a student of the subject, and all I at present feel disposed to state is, that those who are actively engaged in hypnotic investigation, are constantly being surprised at their seemingly beneficial results in the most unlikely quarters.

Amongst the ailments in which hypnotic treatment has been *followed by* (I leave for others, the settlement of whether *post hoc* is here equivalent to *propter hoc* or not) relief or cure, may be mentioned: Rheumatism, muscular and articular; Sciatica, Tic, Pleurisy, Insomnia, Headache, Indigestion, Spasmodic Affections, such as coughing and sneezing; Eczema, Writer's Cramp, Constipation, Diarrhœa, Anæmia, Hysteria, Hystero-epilepsy, Gastralgia, Stammering, Enuresis, Neurasthenia.

This list is by no means complete, but will perhaps be sufficient to show how varied are the ailments which come under the head of "Medical," in which it may be useful to try hypnotic treatment.

In 1889, Drs. van Renterghem and van Eeden laid

before the Hypnotic Section of the International Congress of Experimental Psychology, held in Paris, a joint report of 365 cases of organic, mental, and neurotic ailments, treated by them, solely by hypnotic suggestion, with the following astounding results:—

71 cases received no benefit
92 cases received slight benefit
98 cases received marked benefit.
104 cases were cured.

(*b*,) *Midwifery.*—It has been found in some cases, but of which few records have as yet been published, that hypnotic suggestion has seemed to completely obliterate the feeling of pain, without in the least diminishing the force of the uterine contractions.

It must be pointed out here that if it is desired to try this plan, in any particular confinement, the patient should be familiarized with the process by a few preliminary sittings, before the time of actual experiment, for if it is left until labour has begun, it is hardly likely that the attempt to hypnotize will succeed at all.

(*c*,) *Gynæcology.*—Certain derangements of the menstrual functions have appeared to be corrected after hypnotic treatment.

The recital of some such apparent successes by Voisin, before the British Medical Association in 1889, was openly received with incredulity, and when he told his hearers that he had been able to fix beforehand the date of the onset of menstruation, in cases of previously marked irregularity, he was, to quote an eminent Scotch physician, who joined in the subse-

quent discussion, "politely, but none the less plainly, told that his hearers did not believe him."

Nevertheless, I have frequently seen cases of very painful menstruation, where hypnotic suggestion, without any other treatment, was followed by absolutely painless periods; and others, in which profuse periodic flooding was changed into completely normal menstruation, or amenorrhœa gave place to regularity.

I have also seen cases of acute and chronic ovarian pain, permanently relieved after hypnotic treatment, and in one case in which oöphorectomy had been recommended by one of our foremost gynæcologists, as the only means of escape from perpetual invalidism and suffering, a few hypnotic sittings were followed by an absence of pain, and an ability to resume regular work.

(*d*,) *Lunacy.*—In the treatment of insanity, there are many difficulties in the way. First of all it is very hard to overcome the suspicion of the patient, which may lead him to violent opposition.

Voisin relates that some of his patients had to be restrained by five or six attendants.

The time necessary to produce any hypnotic impression is also a serious hindrance. Voisin often spent as much as three hours in attempting to hypnotize a single patient.

By very great patience, Voisin, Forel, Dufour, and Burckhardt, however, succeeded in hypnotizing about 10 per cent. of the patients they experimented on, and report that the treatment was successful in cases of

acute mania, hallucinations, suicidal insanity and melancholia.

I have seen melancholic patients who contemplated suicide, and wandered about all day, as if possessed of an evil spirit, become bright, cheerful and active, after hypnotic treatment.

But I have not myself had any opportunity of trying hypnotism in any cases which might be called developed insanity.

Drs. R. Percy Smith and *A. T. Myers* conducted a series of experiments in Bethlem Hospital in 1889, but were not able to record any very decided successes.

(*e*,) *Moral Ailments.*—Under this heading may be included what is commonly spoken of as "dipsomania," but which may perhaps more correctly be styled inebriety; morphinomania, cocainomania; and all the other manias connected with stimulants or drugs; kleptomania, thieving, lying, masturbation, etc.

At first sight, it may appear absurd to speak of employing hypnotic treatment to cure drunken habits, but until we have fairly tested its claims, we cannot wisely set aside, as of no value, the evidence of men like Liébeault, Bernheim, Voisin, Forel, and many others, who assure us that hypnotism has in their hands been followed by sobriety, where inebriety was the rule before.

Of course it is asserted against such evidence that there might be some temporary cessation of inebriety in a few cases, which has been mistaken by these advocates of the treatment, for cure, but that it is

certain there would be relapses of a more serious nature.

However, it is not for us to jump to conclusions. We must carefully weigh the evidence *pro* and *con*, and supplement that which is in existence by fresh investigations.

What is said of inebriety, will also hold good for the other ailments or perversions referred to above.

It certainly does seem to me little short of miraculous if, by means of verbal suggestion during hypnosis, we can eradicate vicious habits, which have become ingrained into a man's very nature by long indulgence; but we must not affirm that a thing is impossible because it seems improbable.

When *Harvey* announced his views as to circulation of the blood, most people said he was mad; that such a theory as he propounded was wholly impossible.

When *Stevenson* said to the House of Lords that he could make a train travel at the rate of twenty miles an hour, some of his noble hearers declared him a fool; but when he told them that he could increase the speed to thirty miles an hour, they cried out that he was a dangerous lunatic, and were for placing him under restraint.

We have so often cried "impossible," and lived to see our error, that now-a-days we adopt more guarded language, and content ourselves with saying, "It may be so, but it does not seem likely."

For my own part, I can only say that I have treated inebriates by means of suggestion, and seen positive aversion to alcohol follow; and in one case of an

apparently established habit of lying and thieving, I have seen truthfulness and honesty as apparently rooted, after a few hypnotic sittings.

Some Further Possibilities.—The consideration of what has already seemed to result from hypnotic suggestion leads us naturally to take a look into the future, to see if we can predict in what other regions explorers are likely to come on hidden treasure. I am not sufficiently skilled as a hypnotic mineralogist to say precisely what mines are likely to yield the richest ore, but will merely attempt to indicate a few, which may repay the sinking of a shaft of investigation.

Nowhere, to my thinking, is the effect of mind upon matter so forcibly illustrated as in those painful results produced on the *fœtus in utero* by what we call "*maternal impressions.*"

It seems to me that it would at least be worth trying if, in any case where there was reason to apprehend that a sudden shock to the pregnant woman might result in some horrible deformity in her offspring, we could counteract such effect by suitable suggestion.

The medical men of past generations paid such attention to the possible effects of suggestion (without hypnotism) on the mother that, in the case of wealthy dames, who were anxious that their children should be good-looking, they used to surround them with beautiful pictures, etc.

Another question awaiting solution is, May hypnotic suggestion overcome certain forms of *sterility?*

I think, too, certain cases in which the *removal of the ovaries* seems called for, to relieve pain, should be given a trial by means of hypnotic treatment before such a desperate operation is undertaken.

The constantly increasing number of railway collisions leads me to urge that in all cases suffering from the *nervous shock*, consequent on such accidents, an attempt might be made to determine whether the distressing symptoms often present, the insomnia, frightful dreams, pains, and constant apprehension, could be in any way minimised.

It frequently happens that in some of the very worst cases, there is an interval of several days of comparative health between the accident and the onset of collapse.

I would very much like to see this time made use of for hypnotic experiments.

Perhaps Railway Directors will take the hint; it might lead to less serious illness for the passengers, and less drain on dividends, by way of compensation, for the shareholders.

Many other departments in which experiments may profitably be made, will strike individual readers.

As an *educational factor*, the influence of hypnotism seems worthy of consideration.

Durand declared in 1860, "Braidism provides us with the basis of an *intellectual and moral orthopædia*."

Liébeault relates how a lazy boy was so transformed by one sitting that he soon became the head of his class.

Berillon also advocates hypnotic suggestion as an

aid to industry in some cases, but chiefly as a means of overcoming the bad habits of children.

I will only refer to one other department.

Would it not be well for those who have the opportunity in their capacity as *Prison and Reformatory Doctors*, to try on an extended scale, if hypnotism can be called to the aid of the criminal machinery of the country?

From what I have seen myself, I am most anxious that serious and systematic investigation on this point should be undertaken, with full official sanction.

The Government not only lent its approval to the experiments of Esdaile in India, with hypnotism as an anæsthetic agent, before the introduction of chloroform, but placed a special hospital at his disposal for his greater convenience.

Is it too much to ask, that our Government would at least countenance and facilitate the trial in the various institutions already in their control, of a treatment which it seems possible might be found to diminish the number of criminals in the country?

At present it is the opinion of many who seem competent to judge, that the juvenile offender who crosses the threshold of a reformatory, leaves it, ready for matriculation at the gaol, and there are those whose experience leads them to conclude, that once the entrance examination is passed for the latter establishment, there is great danger of the prisoner becoming utterly callous, a mere prey upon society, whose hand is against every man.

Who has not read the sad records of men and

women, who had spent the most of their years in prison?

An attempt to implant honest intentions into the minds of the young generation of criminals, could do no harm, and might lead to satisfactory results, and even in the case of adult offenders, there seems to be much to commend a fair consideration of the subject.

(2,) Surgical Treatment.—We may at once clear the ground, by saying that no serious attempt is now made to enter hypnotism in competition with chloroform, ether, or methylene bichloride, as an anæsthetic in surgery.

Before the introduction of these agents however, hypnotism had rendered great service to the surgeons who were willing to try it, and we have already referred to the painless operations of Esdaile, Braid, Velpeau, Broca, Liston and others. But the great disadvantage of hypnotism, as compared with chloroform and its congeners, is its uncertainty. Practically every patient can be rendered insensible to pain, by means of these anæsthetics, whereas only a limited number can be so influenced by hypnotism.

Professor Bernheim may however be taken as expressing the views of the present day hypnotists, when he says, "*hypnotism cannot be generally used as an anæsthetic in surgery;* it cannot replace chloroform."

But though it is readily conceded, that in hypnotism we have not a universal anæsthetic, I do not think it should be altogether disregarded in the operating theatre, and if I knew beforehand, that any

given patient would pass into a profound stage of hypnosis, accompanied by complete insensibility to pain, I would not hesitate to perform any major operation, which might be necessary, during such hypnotic sleep: for whatever the shortcomings of hypnotism may be, it has one strong point in its favour, whenever it can be used, *i.e.*, that in skilful hands, *it has never yet been known to cause any fatal accidents*; whereas it is no exaggeration to say, that chloroform has slain its hundreds, in spite of the greatest expertness of the administrators.

While I write this, our most powerful medical journals are deploring the number of fatal mishaps due to chloroform and ether, and calling on all practitioners who are unfortunate enough to experience such catastrophes, to report them, so that we may accurately gauge the extent of the dangers of these agents.[1]

[1] "Anæsthetics have lately been running up a little 'butcher's bill' of their own, which is beginning to excite some alarm."—*British Medical Journal*, January 3rd, 1891.

"We recorded last week reports which had come under our notice of inquests published in local country papers, of cases of deaths under anæsthetics, of which no medical details have been forwarded to us, and which appear therefore to be likely to escape record in the medical journals."—*British Medical Journal*, January 10th, 1891.

The article then goes on to give an account of another death from ether.

"In recording *more deaths* from this anæsthetic, (chloroform) we must repeat, what we have before urged, that more systematic accounts of such occurrences should be given. Of the deaths recently reported *it will not be necessary to detail all.*" Then follow details of (1.) A death under chloroform, at St. Mary's Hospital, in a case *while a finger was being amputated*; (2.) The death of a healthy lad aged nineteen, "under chloroform" *preliminary to an*

There are sometimes present exceptional circumstances, such as great prostration, or heart disease, which make even the boldest surgeon hesitate to administer chloroform.

In such instances, it seems reasonable to claim that hypnotism should at least be accorded a trial.

Quite recently, *Dr. A. B. Shaw* of St. Louis was called upon to trephine in a case of traumatic epilepsy; he found the patient suffering from cardiac and renal disease, and considered the ordinary anæsthetics out of the question. Hypnotism was employed, and the operation was painlessly and successfully performed by its aid.[1]

Yet another situation in which it may be worth while to remember hypnotism. Suppose yourself unexpectedly called upon to perform some operation, while you are in a remote part of the country, and out of reach of your house; in such circumstances, a penknife has often had to do duty for a whole case of instruments, and has many a time rendered a good account of itself; if, however, you could succeed in inducing hypnotic anæsthesia, both your penknife and your patient would be placed at a great advantage.

However, putting on one side, major surgery, there

operation for the removal of a necrosed bone from the leg, in the Wolverhampton General Hospital; (3,) The death of a man aged 46, in the Guest Hospital, Dudley, in whose case "*one drachm of chloroform*" only was used; "*an operation on the arm*" was begun, but had to be stopped in two minutes, owing to the heart's action having ceased.—*Lancet*, January 10th, 1891.

[1] *British Medical Journal*, November 15th, 1890.

are many minor operations, such as tooth extraction, stitching wounds, setting simple fractures, etc., in which we seldom use chloroform; in these at least, hypnotism deserves a chance.

Dr. Hewetson of Leeds, largely adopts hypnotism, as a means of procuring anæsthesia, in ophthalmic surgery.

But now we must consider another property which it is alleged, hypnotism possesses in certain cases. Not only is it claimed that anæsthesia can be produced, but a more or less *continuing analgesia* may be secured. My meaning will be best gathered from an illustration. *Professor Delbœuf* of Liege, produced by means of caustic, two burns, one on either arm, in the same patient, and of exactly similar extent and severity; he then hypnotized the patient, and suggested that one burn should run a perfectly normal course, whereas the other should remain painless and heal sooner than its fellow. They were both dressed in precisely the same way, but one continued painful and was slow to recover; the other was never even uncomfortable, and was quite well ten days before the painful one.

This experiment seems to have been needlessly cruel, but we are not responsible for that; it tends to show however, that at least in some cases, the pain of such wounds, as one sees every day in the accident wards of any large hospital, may be banished, and consequently healing hastened.

I have myself seen similar results apparently follow similar treatment.

If further experiments justify this claim, hypnotism in this instance, will have scored a point against all rivals, for no one can dispute that the effects of the ordinary anæsthetics, are of very short duration.

I have already referred to the employment of hypnotism in cases of concussion, due to railway or other severe accidents.

CHAPTER VI.

POST HYPNOTISM.

This expression is by this time quite familiar, but yet there is sometimes a good deal of confusion about the meaning of it.

Some writers use it as though it were only applicable to cases of hallucination or illusion, lasting after the actual hypnosis had ended, but this is not quite correct.

A few illustrations will best serve to elucidate this point.

(a.) Here is a man who is addicted to drink. I hypnotize him, and suggest, "After this sleep, you will detest every form of alcohol." He is then aroused, and on being offered a glass of wine, rejects it, contemptuously; if the case is wholly successful, he continues to shun his old enemy, and when asked to account for the change, says he does not care to drink wine, etc., now.

This can neither be called an illusion, nor an hallucination; it is a *passive post-hypnotic impression*.

(b.) I say to this young man, who is hypnotized, "When you waken you will find that your hair, which is now black, has become red." I then rouse him and tell him to look at himself in the glass. He is horrified to find the colour of his hair changed!

This is an example of a *post-hypnotic illusion*, and is also purely passive.

(*c*,) To a third subject, I say during hypnosis, "To-morrow, at 10 o'clock in the morning, you will go to the post office, and ask for the postmaster, to whom you will say, 'Good morning!' and at once return home."

The next day at the appointed time, he sets off, and carries out the suggestion to the letter, without knowing in the least why he does so. This is an *active post-hypnotic impression*.

Many other examples of different post-hypnotic effects could be given, but my object is simply to clear up our views of post-hypnotism.

Thus the varying classes of post-hypnosis must be separated.

There is a vast difference between a passive and an active post-hypnotic suggestion, and many subjects who are open to the one, are not in the least amenable to the other. Thus I say to one of my patients, who suffers from insomnia, "At 9 o'clock to-night, you will fall asleep, and have eight hours' refreshing sleep." This suggestion is accurately fulfilled. But if I say to the same patient, "In an hour you will go to your friend B., and strike him on the back," no notice whatever is taken of the suggestion.

Some suggestions given during hypnosis, may be made to take effect after a very long interval (*suggestion à échéance*, or *deferred post-hypnotic suggestion*).

Bernheim relates the case of an old sergeant to whom it was suggested that *sixty-three days later*, he should go to Dr. Liébeault's, where he would see the Presi-

dent of the Republic, who would present him with a decoration.

On the day named, the sergeant went to the house of Dr. Liébeault, whom he knew well, but now took to be the President. Having bowed, he stood "at attention," and kept looking at his coat for the decoration; thinking he had received it, he once more bowed gravely, and left, looking a proud man.

The condition of such a patient, at the time of such suggestion (active and hallucinatory) taking effect, seems to me to be one of fresh hypnosis.

Now, to my mind, we as physicians, need concern ourselves very little with post-hypnotic effects, except in so far as they are curative. The experiments which only aim at producing hallucinations, or making a subject go aimless errands, have long been the stock-in-trade of showmen mesmerists, and may well be left in their hands, so long as our legislature permits the giving of their public entertainments.

As medical jurists, however, we cannot afford to ignore this side of the subject, to which we will return when dealing with the medico-legal aspect of hypnotism.

From the physician's standpoint, I take it that hypnotic suggestion would be of little service, but for its after effects, for if relief was only co-extensive with the actual hypnosis, its utility would be greatly limited.

The effects of suggestion made during hypnosis, seem however to be of a very lasting character in many cases, and I think that wherever benefit seems

to follow, it should, to be accurate, be called post-hypnotic, though hitherto such use has not been made of the term. I have known a patient who had been a martyr to sleeplessness, to sleep soundly every night for a month, after one sitting. Again, I have seen a child who had contracted vicious habits, completely transformed in character, after a single hypnotic suggestion.

If it is right to ascribe such effects to hypnotic suggestion, it seems certainly as logical to speak of the effects as "post-hypnotic," as it is to call the impression that the colour of the hair has changed so.

We should then I think distinguish between:—

(1,) *Passive* post-hypnotic impressions, which are *curative.*

(2,) *Passive* post-hypnotic *hallucinations* or illusions.

(3,) *Active* post-hypnotic impressions, which may, or may not, be curative.

Hypnotism by Correspondence.—One curious example of an impression becoming post-hypnotic, is the production of hypnosis by correspondence.

If a person has already been hypnotized, it will often be found possible to suggest that a letter from the operator, or a telegram, will induce hypnosis.

Dr. Milne Bramwell, of Goole, recently gave a striking demonstration of this point to a number of medical men at Leeds.

He sent a young woman to the meeting with a letter for one of the gentlemen present. It was explained in this letter that an enclosed note was to be

given to the patient, and the effect watched. She read the note, and almost instantly passed into a profound sleep, during which a dentist, who was in the company, was able to extract a decayed tooth, from which the patient suffered, without waking her; this was clearly the result of a former suggestion.

I have several patients who regularly use written orders, with which I have furnished them, as a means of ensuring sleep; one of these subjects has employed such a note for over six months, without its ever failing.

Dr. de Jong, of the Hague, tells me that he often gives patients his carte-de-visite, having previously suggested that it will at any time produce sleep.

Any object, such as a ring, brooch, or penknife, could be thus made into a kind of talisman, by means of suggestion.

Of course, even in a person who had not been hypnotized, hypnosis might occasionally be induced by written orders, if the patient was told to look steadily at them, just as the same effect is brought about by looking at the operator's fingers, or any other fixed object.

Auto-hypnosis.—Another subject on which there is a good deal of confusion of ideas, is the self-production of hypnosis.

The terms "auto-hypnosis" and "spontaneous hypnosis" are often interchanged, as though they were synonymous, but there is a wide difference between the two, which should be clearly understood.

What is meant by auto-hypnosis, is hypnosis

voluntarily produced by a person, without the intervention of another.

Indian fakirs constantly practise this kind of hypnotism, by fixing their eyes on some given object.

The Red-skins, who have lately been giving so much trouble in Dakota, perform a kind of dance, which they call the "ghost dance," the descriptions of which read like a kind of auto-hypnosis. The performers dance wildly round a ring, until they produce a sort of insensibility, during which they gash themselves with knives, and finally they fall into a slumber, whereupon other dancers fill up the ranks.

The *Omphalopsychics*, or monks of Mount Athos, hypnotize themselves by looking steadily at their own navels.

Braid mentions patients who could readily hypnotize themselves by gazing at some object, or even by closing their eyelids and turning their eyeballs upwards.

Professor Gregory was able to induce sleep in his own case, by placing a small mirror over his head, so that looking at it strained his eyes upwards.

A little practice will, I think, convince most people of the possibility of thus hypnotizing themselves.

But except for the purpose of getting sleep, mere auto-hypnotism is of little value, for we cannot make verbal suggestions to ourselves during hypnosis.

It would be an interesting subject of experiment, to try if suggestions written out by ourselves, and used as the object of our fixed gaze for the

purpose of self-hypnotization, would have any after influence.

Spontaneous Hypnosis.—The distinction between this form of hypnosis and that we have just been considering, is that it is produced *involuntarily*, but also without the intervention of another.

Some persons, who have been very frequently hypnotized, develop an awkward propensity of passing into a condition of hypnosis without any apparent provocation at all, and are constantly going asleep. Such cases are, however, rare.

In another chapter it will be shown how this embarrassing propensity to spontaneous hypnosis can be guarded against.

A curious form of hypnosis which cannot be called spontaneous, but is certainly involuntary, is sometimes noticed amongst hystero-epileptics. If a loud noise, such as the sound of a Chinese gong, or a peal of thunder is heard, or if a bright light should flash across their eyes, they instantly become cataleptic. One of Charcot's patients was thus detected in the act of stealing a photograph; just as she took it in her hand, a gong sounded, and she became cataleptic, and remained exactly in the attitude of dishonesty until found by a nurse.

One day when I was in La Charité, one of Dr. Luys' regular "transfer" subjects, caught sight of my watch chain, on which the sun was shining, and immediately became hypnotized.

This form of involuntary hypnosis is very rare.

Suggestion without Hypnosis.—The effects produced

by suggestion in the waking state, are matters of every day notice.

How depressing it is to most people to be told that they look ill, and if the remark is repeated by several acquaintances in succession, it will take a strong-minded person not to give way to suspicions that his health is really getting bad.

Many cases are on record where mere suggestions of this sort have led to very serious consequences, in some instances even fatal. The old story of the French criminal who was condemned to death, and killed by suggestion, is well known, but it is so much to the point that it will bear being once more referred to.

Some savants begged that a particular prisoner who was awaiting execution might be made the subject of experiment, to show how powerful the effect of the imagination might be. They bandaged his eyes, then slightly scratched his arm, so slightly as not to cause any bleeding; a jet of warm water was now allowed to trickle down his arm and splash into a vessel. The experimenters talked to each other concerning the length of time a man would take to bleed to death, and every now and then exchanged remarks as to how pale the prisoner looked, how weak his pulse was becoming, etc. They had not to wait long to see how powerful an effect their suggestions could produce, for very soon the poor man's heart began to fail, and his execution, though absolutely bloodless, and a little more tedious, was just as complete as though the guillotine had been employed.

As a sort of converse to this, it may be mentioned that many of the Christian martyrs were so wholly possessed by their faith in Providence to protect them, that they bore, apparently without suffering, the preliminary tortures of the rack, and the final burning at the stake.

Professor Bernheim has published some very remarkable instances of patients who had been hypnotized, being afterwards, and without hypnosis, highly susceptible to suggestion, so much so that in some cases paralyses, contractures, anæsthesia, and hallucinations could be provoked.

A sharp discussion has taken place between Bernheim and Charles Richet, as to which of them was the first to notice these phenomena.

In the second edition of his book, however, Bernheim acknowledges that Braid has made mention of them as early as 1846, in his treatise on "The Power of the Mind over the Body," and contents himself with the claim to have been the first at least in pointing out the possibility of producing anæsthesia in the waking condition, which point Braid appears to have overlooked.

However, this claim to priority must be disputed, for Dr. Darling, who came from America to England in 1850, exhibited before Sir David Brewster and other scientists, the phenomena of anæsthesia, produced by simple suggestion, in subjects who were so wide awake as to take an interest in the experiments, of which they were the subjects;[1] he also showed the

[1] "Animal Magnetism." Gregory, 1851.

possibility of inducing motor paralyses, catalepsy, and hallucinations.[1]

Professor Simpson, whose name is so closely connected with the introduction, if not the actual discovery of chloroform, was present at many of these experiments, and was led by them to investigate the subject himself.

He declared that he had by mere suggestion without hypnosis, cured insomnia in some of his patients.

[1] In this connection some experiments begun by Mr. Edward Gurney, but afterwards repeated by other observers, including Dr. A. T. Myers, are intensely interesting, as showing that local anæsthesia and rigidity may, in some cases, be produced *without hypnosis and without suggestion.*

By a clever device the hands of a carefully blindfolded person were put through the apertures in a screen, so that it was quite impossible for him to see them. The fingers were then extended on a table, and the operator made gentle passes over one or two fingers only. In a minute or two it was found that these fingers were so profoundly insensible to pain that a lighted match applied to them was not felt, and that a powerful magneto-electric shock was unnoticed.

In some of the experiments passes were not employed, the operator simply pointing to the fingers he wished to affect.

Rigidity seemed to be as marked a feature as the anæsthesia.

The possibility of suggestion, or expectancy, appears to have been carefully eliminated, for the subject did not know the object of the experiments, and had no clue as to which of his fingers were being tried. Further, he was kept in animated conversation by one of those present.

(For further details of these remarkable, and so far inexplicable, experiments, see the "Proceedings of the Psychical Research Society," 1883-5.)

CHAPTER VII.

SOME OBJECTIONS TO HYPNOTISM.

It is very important that all who are willing or wishful to give hypnotism a trial should be acquainted with some of the objections which they may find urged against its use.

There are few subjects in connection with which prejudice is allowed such unbridled liberty, and it is surprising to find the number of people (alas! some of them medical men) who have never seen a patient hypnotized, and who are wholly ignorant of the literature of hypnotism, but are quite ready to express the most dogmatic opinions on the subject, and to condemn both it and its investigators without any reserve.

Satanic Origin.—At the end of the nineteenth century it seems hardly credible that a solitary individual could be found to believe that hypnotism is in some way a kind of *black art;* yet there are numbers of persons, and some of them even persons of fair education, who regard the agency as of Satanic origin. One woman, who was suffering intense pain from muscular rheumatism, and who was perfectly relieved after five minutes' hypnotic sleep, refused to see me the next time she was ill, as she "feared I had some connection with the Devil!"

It is strange that what seems a good thing should be ascribed to such a source; but it was ever so.

In no impious spirit, but reverently, I would remind my readers that when *Christ* healed the blind and dumb, the Pharisees declared, "This fellow doth not cast out devils, but by Beelzebub, the prince of the devils."[1]

Galen, who is often called the "Father of Medicine," was accused of sorcery, and *Paracelsus* was held to have "tampered in the black art, and performed his cures by a compact with Satan."

Poor Burton, in 1632, declares that "the divell, without impediment, can penetrate through all parts of our bodies, and cure such maladies by means to us unknown. Many famous cures are daily done in this kind, and the divill is an expert physitian; it is better to die than be so cured."[2]

In England, during the days of the *Long Parliament*, 3,000 persons were executed for "witchcraft," and it is truly pitiful to read on what evidence some of these unfortunate persons were condemned. Thus, one *Helen Fraser* was found guilty for "promising one Johne Ramsay, who was sick of a consuming disease, to do quhat in hir lay for the recoverie of his health." *Janet Ross* was tried for ordering a person, sick of a fever, "an egg with a little aqua-vita and pepper."

Isabel Malcolm's offence was "charming and curing a child's sore eye."

When the Jesuits, in 1649, introduced *Peruvian bark* into Europe, its use was prohibited on the ground that its cures were "*too rapid*," and that it possessed no

[1] Matthew xii. 24.

[2] Burton's "Anatomy of Melancholy."

virtue but what it derived from "a compact made by the Indians with the Devil."

When *Lady Wortley Montague*, in 1718, by her accounts of *inoculation* for smallpox in Turkey, caused its adoption in England, there were not wanting those who saw the Devil in this, as in everything else which was useful. Thus we find a Rev. Mr. Massey preaching, in 1722, in St. Andrew's Church, Holborn, that "all who infused the variôlous ferment were *hellish sorcerers*, and that inoculation was the *diabolical invention of Satan*."

Jenner's introduction of *vaccination* was hailed with similar opposition, and from many pulpits came the announcement that "vaccination was Antichrist," that "God gave us smallpox, and that it was impious to interrupt it by the cowpock."

In 1844, when Elliotson and Braid were striving to get a trial for hypnotism, the *Rev. Mr. McNeile*, of Liverpool, preached that it was a "Satanic agency," and, like a bigot, went on to say, "*I have seen nothing of it*, nor do I think it right to tempt God by going to see it. I have not faith to go in the name of the Lord Jesus, and to command the *Devil* to depart."

Is it not strange that this man who could tell the origin of a thing, without seeing it, should have lacked faith to eject the Devil?

This great preacher may, for aught I know, be dead, but his spirit is still living.

I consider it hopeless to suggest any means of answering such opponents; they are so utterly unreasonable that it would be waste of time to argue the

point with them. Better to leave them to the melancholy consolation of poor old Burton than try to convert them.

There is a curious similarity between Burton and one of the modern objectors to hypnotism, Dr. Norman Kerr, who thinks it a serious accusation against its use, that it may abolish pain, on the ground that, "by deadening the pain, we may be only silencing the unwelcome though merciful and necessary messenger, by which pain-killing, lulling us into false security, the disorder within may acquire increased lethal power."[1]

There is one difference between the two writers, however. Dr. Kerr thinks "it is legitimate . . . to endeavour to obtain relief from pain when its severity or persistence, apart from the pathological origin of the suffering, is unbearable, or *perilous to reason or life!*" (He does not admit that it would be legitimate to relieve pain, even if it threatened life, by means of hypnotism.)

Injurious to Health and Morals.—Amongst the most frequently urged objections will be found the statement that the health and morals of the patients are undermined by hypnotism.

Sir Andrew Clark recently declared that "the *habitual* use of hypnotism on women is greatly injurious, both morally and intellectually," and for this "reason" condemns the employment of hypnotism *in toto*. Nothing could be more illogical.

[1] "Should Hypnotism have a place in recognized Therapeutics?" 1890.

If its injury is confined to women, why prohibit its use on men?

If Sir Andrew had pushed his "reasoning" a little further, he would have arrived at this conclusion: "The habitual use of alcohol, morphia, ether, bromides, chloral, cocaine, etc., etc., in either man or woman, is greatly injurious, not only morally and intellectually, but also physically and financially; *therefore* their use must be condemned *in toto!*"

Surely the learned baronet must have spoken hastily.

Are we to refuse to employ wisely and occasionally any means of restoring health because its habitual use has injurious tendencies? No physician seeks to employ hypnotism on any patient *habitually*, and no physician confines his use of hypnotism to women.

It is only natural to find that Sir Andrew, when arriving at his conclusions, forgot his scientific instincts, and for the nonce put on the spirit of McNeile. He tells us that, in considering his verdict, he set aside a great deal of evidence which is given in books, and relied wholly on his own experience.

In common justice, I think this "experience" should be published, so that it may be weighed along with the "evidence which is given in books."

Dr. B. W. Richardson also condemns hypnotism, on the ground that its use would bring about "a transformation of mankind into a new and truly miserable mental condition."

This assertion has neither logic nor illustration to back it up, and were it not the pronouncement of an otherwise scientific observer, it would not be worthy

of reproduction. The days of dogma are nearly over, and the mere dictum of any one, no matter how renowned, runs a serious chance of being challenged.

Dr. Norman Kerr, too, informs us that hypnotism is frequently followed by "disturbed nerve equilibrium," "upset nervous balance," "dissipated nerve energy," "intense langour and exhaustion, indicative of profound neurasthenia," which "neurasthenic collapse, frequently repeated, may lead to deterioration of brain and nerve function, a physical decadence, and a moral perversion."

Surely this is a crushing indictment. But even a prisoner charged with murder is innocent, in the eyes of the law, until the prosecution can make good its case. And so here we may claim that there is no necessity to rebut mere empty, though loud-sounding, words, since Dr. Kerr does not bring one jot or tittle of evidence to support his charges, nor a shred of argument to justify his passionate appeal to the profession to "set its face against the whole hypnotic process."

Seeing, then, that *some of the leaders* in our profession,[1] will thus deliberately close their eyes to evidence, and refuse to investigate the fresh claims of hypnotism (which they thought had been stamped out for ever with Elliotson and Braid), it is not to be wondered at that large numbers of the laity regard it

[1] It used to be difficult to induce the senior men of our profession to leave the old grooves. Thus we find that it was remarked that no physician in Europe who had reached forty years of age ever to the end of his life adopted Harvey's doctrine of the "circulation of the blood."—Hume's "History of England."

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with a certain amount of superstition. Happily, this unwillingness to examine facts no longer exists amongst the great bulk of our foremost men, and it is encouraging to notice now-a-days how our greatest teachers are eager to accept every new discovery which may be turned to account for the relief of humanity.

The very front rank of our profession has hastened to grasp the kernel of Pasteur's and Koch's work, and the same changed attitude is now observed towards hypnotism.

In November, 1842, a report was read to the Royal Medical and Chirurgical Society of London of an *amputation of the thigh, painlessly performed during hypnosis,* by Mr. W. Squire Ward, surgeon, of Wellow Hall.

This paper was received with the coarsest derision. One surgeon present said the paper should be supported by an affidavit, sworn before the Lord Mayor; another declared that the man had been "trained not to express pain."

At the next meeting, when the minutes came up for confirmation, Dr. Copland moved that all mention of Mr. Ward's case be erased from the minutes, because, amongst other things, "if the account of the man experiencing no agony during the operation were true, *the fact was unworthy of their consideration,* because pain is a wise provision of nature, and *patients ought to suffer pain while their surgeon is operating; they are all the better for it, and recover better.*"

Amongst the others who were present, and acquiesced in this folly, were Sir Benjamin Brodie, Mr. Liston, Mr. Cæsar Hawkins, and Dr. Marshall Hall.

In 1890, the Psychological Section of the British Medical Association was crowded out by members from all the other departments, who were anxious to hear several papers bearing on hypnotism, and actually willing to witness the induction of hypnosis by Dr. Tuckey and myself in two patients, and, further, to take part in some experiments there and then. In the discussion which followed, such eminent men as Professor Gairdner, Drs. Hack Tuke, Clifford Allbutt, and Yellowlees took part, and they, with a unanimous meeting, declared that hypnotism is worthy of investigation, and forthwith nominated a Committee of Enquiry.

It is no part of my programme, to try to anticipate the report of this Committee, but we may fairly even now look at some of the theoretic objections which have been offered to the use of hypnotism, and see if they correspond in any sense with the results of actual experience.

Personally, I have no hesitation in saying, that though I have induced hypnosis hundreds of times, *I have never yet seen any injurious consequences, moral, intellectual, or physical* follow. On the contrary, I can conscientiously say, that *in nearly every case, I have observed signs of improvement, even if only temporary.* I do not mean to say that in every case I was successful in relieving the malady, for which the aid of hypnotism was sought. Far from this. But in the least successful instances, where no modification of the ailment ensued, there was present a feeling of composure and comfort. In other instances, which were equally unsatisfactory,

as far as the primary object of the hypnosis was concerned, there has followed a manifest improvement in the general health. In many cases there has followed hypnosis, a complete cessation of the pain, or other affection, on account of which help was applied for.

As to the "intense langour," "neurasthenic collapse," "disturbed nerve equilibrium," "upset nerve balance," "dissipated nerve energy," "physical decadence," and "moral perversion," all I can say is, that though these terms seem very alarming, they are mere delusions, so far as my limited experience goes. If a medical man understands how to employ hypnotism as a therapeutic agency, I think it safe to predict, he will never find any symptoms follow his treatment, to warrant such a collection of threatening adjectives. I have not yet met with any such results, and prefer to "speak that I do know, and testify that I have seen," rather than accept the mere "*ipse dixit*" of any man who cannot claim to teach us from personal observation.

Concerning the *moral* aspect of this question, the chief danger is held to lie in the long continued use of hypnotism. This is said to lead to degradation, etc., or to express it in the vague words of Dr. Kerr, "one peculiarly grave occasional consequence of repeated hypnotic acts is, that between the operator and the subject, *a subtle affinity, or rapport*, may develop, which may involve both subject and operator. This obscure *affinity of affectivity*, may by a process of involuntary non-hypnotic auto-suggestion, in-

sensibly, yet gradually, *grow upon the performer till he is in danger*, though sorely against his will, and despite a strenuous struggle, of being *unable to resist dangerous morbid impulses*. In the person of both parties, such an unhappy issue may co-exist with fervid emotional religion."

This seems to me, an unworthy and unmanly attempt to throw discredit upon hypnotic investigation, and also upon the characters of his professional brethren, who are anxious to take part in it. It is the old and bitter accusation of over fifty years ago, when Elliotson's experiments were called "harlotry," and said to send patients forth transformed into prostitutes.

Let us have done with such cowardly attacks, and have the truth. What these modern objectors mean, but have not the courage to say, is, that hypnotism begets a tendency to cast modesty aside, and violate the laws of chastity.

There is no proof of this, and it seems a cruel charge to make, unless it can be supported by facts. By far the majority of our hypnotic patients, are hypnotized very few times, and many of the most striking instances of relief have followed a single sitting.

In deep hypnosis, there may lurk moral danger, but such danger is not inherent in the hypnotism. Of this we will speak later. I have never come across a single patient who showed the slightest sign of moral deterioration or degradation; but I must say I have seen *most remarkable moral improvement follow*

hypnotic treatment—the inebriate become sober, the untruthful veracious, the thief honest.

It is said that the *intelligence* is weakened. This I have not been able to verify. I have not even seen the faintest suspicion of mental confusion follow hypnosis, but I have seen the cloudy brain of the overworked clergyman, or stock-broker, become clear and active again, after hypnotism had been resorted to.

So far, I have only been stating the result of my own experience. Let us now appeal to those who are better qualified to speak with authority.

Professor Bernheim[1] testifies that after a careful review of his work, he believes that "hypnotic sleep in itself is beneficial, and is as free from harm as is natural sleep. In my already long practice *I have never seen any harm produced* by sleep induced according to our method." (At this time, Professor Bernheim had induced hypnosis over 10,000 times.)

Professor Heidenhain[2] of Breslau, gives it as his opinion, that "hypnosis under the direction of medical men is harmless, but may do much good."

Professor von Krafft-Ebing[3] of Graz, is led to a similar conclusion, by his experimental studies.

Dr. Moll's[4] views are quite in accord with these opinions.

Drs. van Renterghem and van Eeden of Amsterdam,

[1] "Suggestive Therapeutics," 2nd Edition, 1890.

[2] "Hypnotism, or Animal Magnetism," 1883.

[3] "An experimental Study in the domain of Hypnotism," 1889.

[4] "Hypnotism," 1890.

and Dr. de Jong of the Hague, all of whom conduct large hypnotic poliklinics, assure me that they have no experience of any undesirable results following their treatment.

Dr. Auguste Voisin of the Salpêtrière, who laid a report of some of his cases before the British Medical Association, in 1889, told me the same thing.

Dr. Lloyd Tuckey [1] of London, whose experience is considerable, believes that no ill effects will follow the judicious employment of hypnotism by medical men.

And lastly, but most important of all, we have the deliberate statement of the founder of the Nancy method, *Dr. Liebeault* who, after *thirty years' continuous practice of hypnotism*, cannot recall a single occasion on which he regrets having adopted his modification of Braid's plan of treatment.

Hypnotism may lead to Insanity.—This is a favourite objection to the introduction of hypnotic treatment, because from its gravity it is likely to produce a feeling of alarm in the minds of those who hear it.

As might be expected, Dr. Norman Kerr is one of the most emphatic on this point. He says the tendency of hypnotism is to "induce hysteric and allied morbid affections, to produce cerebral conditions *conducive to mental unsoundness*." Unlike himself, he endeavours to sustain this objection by *evidence*, which will hardly be accepted as sound or sufficient. He tells us that during a long life, and thirty years' obser-

[1] "Psycho-Therapeutics," 2nd Edition, 1890.

vation of hypnotism, in which he became "conversant with the leading mesmeric phenomena, past and present," he knew, "*at least one case*," in which "after apparent benefit from hypnotic treatment," mental instability passed into insanity! No reference is made to the interval between the hypnotic treatment and the development of insanity; no outline is given of the family history, nor of the previous history, habits, circumstances, nor surroundings of the patient. This man may have come of lunatic stock, may have been mad before, or been an inebriate, or met with some crushing reverse.

Surely where there was but a single case to trade on, these particulars might reasonably be expected. But no, they are of no importance. Suffice it to know, that one man was hypnotized, and at some subsequent date, lost his reason; therefore, his insanity was due to the hypnotism! And on such flimsy evidence as this, we are to be told that hypnotism tends to produce mental unsoundness.

Mr. M. J. Nolan submitted a paper entitled "Stuporose Insanity *consequent* to Induced Hypnotism," to the British Medical Association at its 1890 meeting, the object of which was apparently to show the relation of cause and effect existing between hypnotism and some cases of insanity.

An account was given of a soldier who submitted himself to be hypnotized by an itinerant showwoman, and lapsed into a condition of stuporose insanity. Any importance that might have attached to this communication, was completely neutralised by the

previous history of the patient. I quote from Mr. Nolan's paper: "Two of his sisters were 'nervous' . . . . . His habits became irregular, and he found he had not even the mental capacity to properly discharge the duties of his position (lance-corporal). This sense of unfitness daily increased with his misconduct, until at length he was reduced. He now became unhappy, led an *intemperate and licentious life*, indulging in excesses as far as his opportunities and means permitted. In the October of 1888, when *physically unstrung by dissipation of the grossest kind*, and when at the same time, he was in a state of *extreme nervous tension*, he attended an entertainment, at which a lady undertook to perform some experiments in hypnotism."

It is quite clear from these statements, that the man's mind was not particularly sound to start with, and equally clear that though the insanity was *subsequent* to the hypnosis, it is too great a strain on the facts to say it was *consequent* to it.[1]

The most conclusive answer, however, to this objection, is, that so far as I know, *there has never yet been published a single case, foreign or English, where insanity has been shown, by evidence, such as would be accepted by lawyers or logicians, to have followed as a result of hypnotic treatment, administered by a medical man.*

[1] To the credit of Mr. Nolan, it must be stated that in publishing this paper six months later, he altered its title to "Stuporose Insanity *consecutive* to Induced Hypnotism." January, 1891.

Until such a case is forthcoming, we need pay no further heed to alarmists.[1]

THE PATIENT MAY NOT WAKEN.— This is an objection which has taken firm hold of the public mind, but on what ground is it founded ?

It has frequently happened to amateur hypnotists, that having succeeded past their expectations, in producing hypnosis, they have come to the end of their knowledge, and their inability to waken their subjects, has had very alarming consequences.

However, I am writing for medical men, not for amateurs, and I can say deliberately, that I know of no such an accident having ever happened in the practice of a medical man, who understood hypnotism.

[1] Dr. Julius Solow reported an experiment with hypnotism, which was followed by very awkward and alarming symptoms (*New York Medical Journal*, March 14, 1891). A young man was hypnotized by a friend, at an evening party, for fun. The first attempt produced trembling throughout the whole body; a second trial was made with no better result; the third time, the subject was seized with violent trembling of the arms, and he began to shiver. He then fell on the floor, jumped up, became merry, laughed, joked, and sung; then violent convulsions set in, followed by aphasia; catalepsy next supervened and the whole body except the arms, became rigid. For two days, convulsions, aphasia, and catalepsy recurred very frequently, and the sight of anything bright excited the man to madness. Various sedatives were tried, and for ten days, his condition was not much improved; but then the severe symptoms began to give way to outbursts of alternate singing and lamenting.

The victim then became feverish (temperature 103·5°) and perspired most profusely for a couple of days, after which he was nearly well. Eight days later, his temperature again rose, to 103°, and for three days more there was excessive sweating, with attacks of trembling and singing. He has since remained well.

In this instance, the subject was a masturbator, and was at the time of the "experiment," in a highly nervous condition. The operator was an inexperienced amateur, and the object was an hour's amusement.

The process of dehypnotizing has already been described, but in all cases, even if the patient is left to himself, the hypnosis will end spontaneously and generally within a hour or two, leaving the sleeper feeling refreshed and quite well.

The public need therefore have no fear in submitting themselves to hypnotic treatment, on this score.

A gentleman who thought of asking me to hypnotize his wife recently, for neurasthenia of long standing, consulted his family doctor on the subject, and though this practitioner had admitted that his resources had been exhausted, he did not hesitate to forbid the trial of hypnotic treatment, on the ground that either the lady would never waken, or she would become insane!

Patient in the power of Operator.—Another objection which is often urged against the use of hypnotism, and one which deters many people from subjecting themselves to hypnotic treatment, is, that if a person is once hypnotized, he will ever after be under the control of the hypnotist. This is carried to such an extent, that some people imagine that the operator would be able to re-hypnotize them, no matter what distance separated them, and that he would be able to influence all their thoughts and actions.

This absurd notion has no doubt had its origin in the untruthful boasts of the showmen mesmerists, who frequently, with a view to heightening the mystery which surrounds their performances, assert that they can affect their subjects from any place, just as easily as on the platform.

This objection, however, is utterly groundless, save and except so far as post-hypnotic impressions are concerned. Of course, if I suggest to a subject who is susceptible to such impressions, and is about to set out on a journey, say to Glasgow, "To-morrow at four o'clock you will fall asleep in your chair, and sleep for an hour," there is every probability that he will do so, but if I make no such suggestion, and the next day try by concentrating my attention, to make the patient, who is now in Glasgow, go to sleep, it is equally certain that no such result will ensue.

In speaking thus broadly I make no reference to those curious cases which have been so extensively investigated by the *Psychical Research Society*, where a kind of "thought transference" takes place; such investigations, though undoubtedly of great interest, have as yet not touched, nor been brought to bear on therapeutics.[1]

Neither do I say that there are no cases on record where a hypnotist has seemed to be able to influence a particularly susceptible subject, even when separated by several streets.

What I do maintain, however, is that such cases are exceptional, and like instances of spontaneous trance, or somnambulism, may be safely left out of our present calculations.

If a patient comes to me suffering from acute neuralgic pain, and I succeed in hypnotizing him,

[1] Those who are interested in the subject of thought transference should consult the Reports of this Society, whose experiments have been conducted with wonderful patience, and in a most scientific spirit.

and his pain is relieved, the moment he crosses my threshold, he is altogether beyond the reach of any personal influence of mine. More than this, if he only goes into an adjoining room, I can no longer affect him.

We will afterwards see how the public may protect themselves against any danger of post-hypnotic influence.

PATIENTS MAY BE HYPNOTIZED AGAINST THEIR WILL.—A certain amount of prejudice has arisen against the introduction of hypnotism, from the pretty general impression that a person who can hypnotize, is able to hypnotize anyone against his or her will.

This objection is as easily disposed of as the others, for except in those rare cases of acute hysteria, or hystero-epilepsy, and under other equally uncommon circumstances, I believe it to be *wholly impossible to produce hypnosis without the consent and co-operation of the patient.*[1]

The proportion of persons who can be hypnotized, without their consent, by a sudden flash of light, or an unexpected and loud noise, has been estimated by Charcot, at one in every hundred thousand, so that the general public need not be much alarmed on this score.[2]

HYPNOTISM IS OF NO VALUE.—Some of the opponents

[1] See "Experiments of Ochorowitz and Heidenheim," p. 43.

[2] When I first began to employ hypnotism in my regular practice, one gentleman was so fearful lest I should hypnotize him that if he saw me out walking, he would go up a side street to avoid meeting me, and if we happened to be in the same house, he would immediately leave it.

of hypnotism base their objection to it, on the ground that it is of no use.

Thus we find Dr. Norman Kerr asserting that most of the alleged cures by means of hypnotism are delusions, due to the "new-born amazed delight of medical enthusiasts in hypnotism," and comparing the effects of hypnotic relief to the "evanescent respite during a paroxysm of intoxication," and propounding the extraordinary doctrine, that by easing pain we may "increase the lethal power of the patient's disorders."

Especially does this author single out supposed cures of inebriety as being wholly imaginary, and adds that it is his "*observation*," that such cases are "confirmed and intensified" by hypnotic treatment.

If Dr. Kerr has made any such observations, it is clearly his bounden duty, as one professing to be an expert in the treatment of inebriety, to publish the details of such observations, but as he has never done so, it would be just as open to those gentlemen who profess to have had good results from hypnotic treatment, to assert it as their opinion that Dr. Kerr's "observations" were purely imaginary.

Dr. Kerr refuses to accept any testimony on this particular subject of the cure of inebriety, except that of an "American or English specialist-expert."

But why should Continental physicians be wholly ignored? Is the evidence of such men as Professor Forel of Zürich, Professor Bernheim and Dr. Liébeault of Nancy, and Dr. A. Voisin of Paris, to be regarded as untrustworthy?

And again, why is it held essential that a physician should be a specialist-expert, in order to know whether a drunkard has become a sober man or not?

By the term specialist-expert, Dr. Kerr explains that he means "a medical man who has *devoted himself mainly* to the scientific study and treatment of inebriety as a disease, and who has had large numbers of inebriates under his care."

If no others can offer an opinion on the cure of inebriety, the number of competent witnesses will be very limited. All our Gulls and Pagets, Clarks and Quains, Roberts and Broadbents, are unfit to declare whether a man is intemperate or sober.

Such an assumption is wholly preposterous, and it may fairly be claimed that the opinion of any observing physician of experience, is just as much entitled to respect as that of even Dr. Norman Kerr himself. Inebriety is, unfortunately, much too common an ailment for its observation to be monopolized by the "specialist-expert." It is, however, none of my business to undertake to prove that hypnotism is of therapeutic value, and that it affords permanent relief. My object in this little book is merely to induce medical men to try it, and decide for themselves whether it is useful or not, and I will only say here, that it is the belief of hosts of medical men, who are by no means "enthusiasts," and whose "new-born amazed delight" has lasted for many years, that hypnotism is useful in a great number of cases, and that to me it seems that actual practical experience is worth far more than the theoretic observations of those

who are disinclined to put the treatment to the test.

HYPNOTISM ONLY APPLICABLE AT SPECIAL SEASONS.—A curious objection is taken to hypnotism by Dr. B. W. Richardson, who declares that it will be "limited in application to short seasons of special social or meteorological cast."

As I am wholly unable to fathom the meaning of this statement, and have so far failed to meet with any astrologer or soothsayer who can interpret it, I am not in a position to do more than commend it to the consideration of my readers.

HYPNOTISM IS NOT A NEW THING.—One particularly weak objection to hypnotism is that it is only a revival of an old thing.

This is one of the very best arguments in favour of its adoption, for if hypnotism has since ancient times been resorted to for the relief of disease, is it not likely that it has been found of some value?

The same objection might be urged against Massage and Hydropathy, both of which were in use amongst the ancients.

ONLY APPLICABLE TO NERVOUS CASES.—It is urged against hypnotism that it is only suitable for nervous cases, but if this were true, so far from being an argument against the use of hypnotism, it would be a strong ground for advocating it. Surely there is no class of ailment before which the physician feels so powerless, and unfortunately the number of nervous cases is rapidly increasing.

SECRETS MAY BE REVEALED.—Some people dread hyp-

notism lest they should reveal secrets during their sleep. This fear is wholly groundless, for absolute silence is the rule in hypnosis, except when questions are asked. No honourable physician would put any question to his patient during hypnotic sleep that he would hesitate to ask if the subject was in his ordinary state. The presence of a witness gives further security.

This objection might more reasonably be raised against ether. I have more than once heard patients make most compromising statements while passing under the influence of ether.

CHAPTER VIII.

THE DANGERS AND SAFEGUARDS OF HYPNOTISM.

In the last chapter we considered many of the objections which are commonly urged against the use of hypnotism, and endeavoured to prove that most of them arose from want of experience or proper knowledge of the subject.

It is now necessary for us to look at some of the real dangers attending the practice of hypnotism, and see if we are in a position to counteract them.

It will be convenient if we deal with these in relation to the patient, the public, the operator, and the science, separately.

(1,) The Dangers of the Patient are due to the fact that some persons are so profoundly affected as to become absolutely passive in the hands of the operator. They are wholly insensible to pain, and, to a certain extent, unconscious of everything which may happen during hypnosis, in so far, at any rate, that on returning to their normal condition, they are unable to remember a single incident that occurred during their sleep. Such persons may be called "lethargic."

Others become "actively somnambulic," and may be made to perform almost any act which is suggested by the operator, and of which they will have no recollection on awaking.

Still another class may fall into what is called a

state of "*lucid lethargy*," during which, though they are wholly conscious, they are absolutely incapable of any movement, act of resistance, or speech.

Then again there are those patients, who can be made to carry out certain suggestions post-hypnotically.

In the lethargic conditions, it is asserted that patients may be robbed or assaulted, whereas in the other states, it is said that they may be induced to commit crimes, such as forgery, larceny, or even murder.

It must, however, be borne in mind that lethargy and lucid lethargy are practically unknown outside the Salpêtrière, and la Charité (Paris), and that the actively somnambulic and post-hypnotic classes are relatively small.

Of all the persons who are hypnotizable, only about 15 per cent. are somnambulists, and even amongst these one finds every degree of somnambulism; some will only perform simple acts, suggested by the hypnotist, refusing absolutely to obey complicated or troublesome commands; others can be induced to carry out really difficult suggestions; but very few indeed can be persuaded to do anything which is either criminal, indecent, or inimical to their own interests.

Charcot denies absolutely that a single person can be led to perpetrate a crime by means of hypnotic suggestion.

Liégeois, on the other hand, asserts that it is a comparatively easy matter to induce patients to commit even murder.

Personally, I cannot give an opinion on this subject, as far as crime is concerned, for I do not think it is justifiable for any individual observer to make experiments of this kind, though the point is of such vast importance that it should be investigated; but the committee appointed by the British Medical Association seems to be the right body to take the matter up.

However, assuming that in certain cases it is possible to commit a crime against a hypnotized person, or force such subject to carry out some unlawful suggestion, is there no protection open to the public? Fortunately, it is at hand, and so easy of application that there can be no excuse if it is not adopted.

No person should permit himself or herself to be hypnotized save by a medical man (or properly authorised scientist), who has a character to maintain, and in whose integrity and ability confidence can be reposed. And further, *no woman should allow herself to be hypnotized except in the presence of one or more witnesses of whom she approves.*

If these precautions are observed by the public, they effectually do away with any risks as far as the subject is concerned.

Another possible danger, which should be mentioned, is not of a criminal nature; it is that in certain rare cases, where a patient has been very frequently hypnotized, there may arise a tendency to hypnosis on slight provocation, or even spontaneously.

In medical practice, as distinguished from purely experimental investigation, such cases are very unlikely to be met with, for the simple reason that very few

patients require to be hypnotized more than a few times; but the systematic suggestion in every case that such tendency will not develop has been found to render its occurrence practically impossible.

(2,) The Dangers of the Public.—It is known to be possible, in a certain small percentage of subjects, to produce, by suggestion during hypnosis, post-hypnotic hallucinations, which we saw might be either passive or active. For example: A, a hypnotist, might suggest to B, a suitable subject, that C, an innocent third person, had stolen some article in B's presence. Now, assuming the suggestion to be successful, A might procure C's arrest, and at the trial B would swear that he witnessed the robbery; and, furthermore, he would believe his own evidence to be true.

So, a false charge, backed up by false testimony, might be made the means of ruining a man's character, and be indulged in to gratify private malice.

Again, assuming that it is possible to cause a person to commit crimes post-hypnotically, we might have this case arising: A, the operator, might suggest to B, the subject, that at a certain hour the next day he will call on C and shoot him; and, in addition, that he will remember nothing of the suggestion having been given by A. For argument's sake, supposing such a case to arise, B will murder C, and, when put on his trial, will be wholly unable to account for his crime, and even deny, if examined on the point, that A had anything to do with it.

Such cases could very rarely happen, if at all, for, as Dr. Henry Maudsley points out, "a hypnotized

person will not commonly do an indecent or criminal act; the command to do it is too great a shock to the sensibilities of the brain, and accordingly rouses its suspended functions."[1]

If either of these illustrative cases did occur, an expert in hypnotism would probably succeed in unravelling the mystery.

But the simple method of rendering such cases impossible is perfectly obvious: *the practice of hypnotism should be made illegal, except in the hands of medical men, or otherwise duly licensed persons.* Such restriction seems urgently called for, if for no other purpose than to remove the apprehension of the public.

(3,) The Dangers of the Operator.—From what has been said of the risks of the patient and the public, the dangers to which the hypnotist himself is exposed may readily be inferred; they may be summed up in two words, *false charges.*

It would be a very simple matter for some designing female to feign acute pain, and apply to a medical man who was known to practise hypnotism. If he was unwary, he might attempt to produce hypnosis, for the purpose of giving relief. What would be easier than for this woman to go away and accuse the doctor of having hypnotized her, and attempted to assault her.

Many other charges might be trumped up, the nature of which will suggest themselves to every medical man; and though the primary object of

[1] "Pathology of the Mind."

obtaining black-mail might fail, great anxiety, and very probably a certain amount of damage, would be sustained by the victim.

Here, again, there need be no difficulty in avoiding the danger; for if medical men will strictly adhere to the following rules, even the *appearance of evil* will be excluded.

Never hypnotize nor attempt to hypnotize a female, under any circumstances, except in the presence of at least one witness whose character is satisfactory to yourself.

It is essential that the witness should be known to be a respectable person; for if the patient bring her own witness, it is possible that such friend might be an accomplice.

In the case of young women and girls, I consider the mother is generally the most suitable person to be present; but, in the case of married women, I strongly advise practitioners to insist on the husband being the witness, wherever this is possible.

In dealing with men, the above rule may be relaxed, if the patient is known to you, for then the presence of a witness may be dispensed with; *but, in the case of strangers, it is safer never to hypnotize a man without having a third person present.*

It has been held by some writers, who are ignorant of hypnotism, that no medical man should be permitted to hypnotize, save in the presence of one or more doctors.

Such a restriction would not only be unreasonable, but would practically suppress all hypnotic treatment,

except in the case of wealthy clients or hospital patients; for, in the great majority of families, it would be impossible to pay the fees of these medical witnesses, and it would be as manifestly unfair to expect the medical attendant to pay the witnesses as it would be to expect the latter to give their time gratuitously.

The suggestion also seems absurd; for, supposing a patient wishes to be treated by means of hypnotism, there is nothing for the second or third doctor to do but look on, and surely this function can be just as well performed by a layman.

Great capital has been made by some of the opponents of hypnotism out of the fact that the French Government has recently forbidden the naval surgeons to practise hypnotism without permission; but this action on the part of the authorities is easily explained, and to be highly commended. It was found that many young medical officers, in order to relieve the tedium of life on board ship, were in the habit of hypnotizing the sailors *for fun*. This is what is now forbidden, and the most ardent advocate of hypnotic treatment will approve the prohibition of such pastime.

Hypnotism is much too serious a subject for any person to play with, and should only be undertaken soberly, and for the honest purpose of relieving pain or disease, or for the legitimate unravelling of some therapeutic, physiological, psychological, or medico-legal problem.

(4,) The Dangers to which Hypnotism itself is Exposed.—When any new remedy or method of treat-

ment is introduced, there is a great danger of its being swamped from many causes.

It has to struggle against prejudice, bigotry, and jealousy from without, and against its own shortcomings within.

We have read of the violent attacks which were made on vaccination, quinine, etc.

Lately we have witnessed the hard fight which antiseptic surgery has had to make for its adoption.

More recently we have seen the caution which was displayed with regard to Pasteur's inoculation for hydrophobia, and at this moment the brilliant discovery of Koch is suffering somewhat in prestige, by reason of the reaction which has set in, after the almost feverish excitement with which its announcement was received.

One of the greatest dangers which threatens any discovery is the *over-zeal* with which it is taken up by its early champions.

The history of therapeutics affords many instances where such over-zealous advocacy has delayed, if not altogether prevented, the adoption of useful remedies; not only is the over-sanguine prophet condemned, but even the good that is in his remedy is ignored. Thus, when it was claimed that *massage* was to be the unfailing remedy for all our ills, from fevers to fractures, lumbago to locomotor ataxy; or, again, when *electricity* was heralded as the conqueror of disease in every form, which was to overcome ovarian tumour as easily as toothache, and, having triumphed over sickness, would even defy death itself, and summon back to life him

who had already entered the valley of shadow; these undoubtedly valuable agencies ran the greatest risk of being altogether discredited, on account of the arrogant pretensions of their advocates ; and even though they escaped this extreme fate, they have not yet wholly recovered from the results of the disappointments they occasioned, and are even now so little adopted in legitimate practice that charlatans are able to fatten on their dishonest gains, from the sale of their inert belts, coils, batteries, or trusses, or from their charges for "massage cures."

In the case of the present revival of hypnotism, it is sincerely to be hoped that the past history of mesmerism, animal magnetism, and Braidism will afford sufficient warning to all who adopt this method of treatment to avoid everything which does not savour of cool, scientific, and temperate investigation.

Let all critical observers of hypnotism, and all who from their observations become its advocates, be absolutely honest, not only in the purpose of its employment, but also in reporting their results. We must not put it forward, as Mesmer did, as a cure-all, or we will certainly reap and deserve the condemnation of our brethren as soon as the actual weighing in the balance has found it wanting.

Neither must we allow the desire to see it adopted by medical men, or to induce patients to submit to its trial, exaggerate by one hair's-breadth any results which may seem to follow its employment.

Failures are, and no doubt will continue to be, plenty in hypnotic practice, and we must ever be ready

to admit them; but then no treatment is invariably successful. Where, however, favourable results appear to follow hypnotic treatment, let us be careful to record the cases in their natural colours, without any deepening of shades or heightening of lights for the sake of effect. I believe firmly that a jury is always more impressed by a case which is, if anything, *understated* than by one which touches the margin so closely as to suggest the possibility of overlapping it.

Perhaps the greatest menace to which the legitimate use of hypnotism is exposed, is the danger in which it stands of falling into the hands of unworthy people, who owing to the present laxity of our law, are at liberty to prostitute its powers as a means of giving vulgar, and often indecent or dangerous exhibitions, to vulgar, ignorant, and may be, criminal audiences; to experiment without restraint, as to how far its phenomena may be made subservient to the gratifying of base passions, the carrying out nefarious designs, or the escaping from the arm of justice.

It has been urged that to limit in any way, the investigation or use of hypnotism, is to interfere with the fundamental principle of legislation, which is held to be, that "every one shall have freedom to investigate all the secrets, and to exercise all the powers of nature and of mind, reserving to law the right, *ex post facto*, to punish the abuses of the liberty which it concedes."[1]

I have endeavoured to answer this argument else-

[1] "Hypnotism in relation to Crime and the Medical Faculty." A. Taylor Innes. *Contemporary Review*, October, 1890.

where,[2] and to show that this so called fundamental rule, is not respected in other departments. It seems to me that the public have a right to demand protection from any investigations of nature's secrets, and would be very foolish to console themselves with the *ex post facto* theory. Suppose for instance, some person wishes to investigate the secret, as to how much prussic acid will kill me; does it not seem absurd to say, he should be at liberty to try, and that I need not care, but rest content that the law will, when I am dead, punish the investigator for abusing its liberty?

Personally I would prefer to depart from all the principles of legislation, fundamental or otherwise, than that anyone should possess such dangerous licence; but to me, it seems a much more fundamental principle of sound legislation, that the weak and innocent should be protected, and known danger averted, and crimes prevented instead of punished.

I cannot doubt that very soon it will be deemed a reasonable request for the members of our profession to make, that they alone should *by right* be allowed to practise or investigate hypnotism.

Others there are, I know, who are not only well qualified to explore the region of this science, but who have for years been actively engaged in its study, while we unfortunately have held aloof from it. Some of these are scientists of the first order, and have already recorded stores of useful information,

[2] "Hypnotism, Crime and the Doctors." *Nineteenth Century*, January, 1891.

from which we may profit. (I do not intend here to refer by name to any of these observers, but I will say that I consider we are greatly indebted to some members of the Psychical Research Society, for the work they have already done in relation to hypnotism.)

To all such I would gladly see granted an authority to continue to pursue their investigations; and to any other enquirers who might from time to time be anxious to delve into the depths of hypnotic research, and who could satisfy some examining body or official, not only of their integrity of purpose, but of their general qualification, I think a licence to so investigate should be granted.

There is a physical as well as a moral reason why the practice of this science should be confided to medical men alone, and that is, that if in certain cases an intelligent diagnosis is not made, the result of hypnotic treatment may be disastrous. Thus the case of a person suffering from gastric ulcer, was once in Paris undertaken by a showman, who succeeded in producing hypnosis, but not knowing the real cause of the illness, ordered the patient to go home, and eat a beefsteak. This suggestion was acted on, and the man died. This was really an instance of manslaughter, though due to ignorance.

Again a man suffering from some valvular lesion of the heart, might be set some task, such as running up steps, or climbing a hill, which very probably would end in syncope.

Until the law takes cognizance of, and suppresses the practice of hypnotism for the purpose of enter-

tainment or treatment by non-medical men, is it asking too much of our profession, when I urge on them, to discountenance all *public* exhibitions of hypnotism ?

Quite recently a large number of medical men in London, Manchester, and other places, have been taken in by a most unscrupulous adventurer, who advertised himself on hoardings and in the papers as "Dr.," and further described himself as a "pupil of Charcot." This impostor had no medical diploma whatever, but when challenged on the subject, said he was a "doctor of hypnology," a degree which certainly is unknown in this country ; yet this man, readily, I regret to say, induced medical men to preside at his performances, to act on his platform committees, and in some cases, I believe, actually to send patients to him. He even went the length of inviting the medical profession to attend a "clinic" which he opened in Manchester, and take lessons from him, in return for a handsome fee.

He openly boasted that he had many medical, clerical, and legal pupils. He undertook the cure of every disease on payment of a large honorarium in advance ; at his public shows he excelled himself by giving the public lessons in the art of utilising hypnotized subjects for criminal purposes. For a considerable period he demonstrated every evening, how he could make one man, who was in his regular employ, steal or commit murder, and further how he, the real thief or murderer, could go scot free, owing to his subject not remembering what had occurred during hypnosis.

And yet this professor of crime, patronised by medical men, undisturbed by the police, continued to flourish, as a living sample of how the "fundamental principle of legislation" works!

Surely it is our bounden duty, whether we ourselves finally adopt hypnotism or not, to use the weight which is attached to a unanimous professional opinion, in creating a wholesome feeling of disgust towards such degrading exhibitions, so that it may soon be considered somewhat of a disgrace to have to admit having been present at one.

CHAPTER IX.

THE MEDICO-LEGAL ASPECT OF HYPNOTISM.

The bearing of hypnotism on medical jurisprudence, has as yet, been very imperfectly studied, and there is no part of the subject on which there is so much want of unanimity even amongst hypnotists.

There are very grave difficulties to be encountered in the investigation of hypnotism, from the legal standpoint; but the importance of the problems involved, renders the attempt of their solution imperative.

The great question to be determined is, How far can hypnotism be employed as a criminal agency? And this question was brought into striking prominence in a recent criminal trial in Paris, which will be historically known as the "Gouffé murder trial," the defence having been set up on behalf of one of the prisoners, Gabrielle Bompard, that she took part in the murder of Gouffé, under the compulsion of the post-hypnotic suggestions of her paramour, Michel Eyraud. Evidence was called on one side, to show that such a defence was based upon the fact, that it was perfectly easy to compel a subject to carry out any criminal suggestion, and on the other side, testimony was forthcoming to show that it was wholly impossible to procure the commission of crime by any amount

of hypnotic suggestion. The jury refused to accept the defence, and the female prisoner was sentenced to twenty years' imprisonment, whilst Eyraud was condemned to death.

Fortunately hypnotism has not yet been invoked, either as an accusation or defence in our English courts, though quite recently it was very nearly summoned to the help of a young woman who shot her former master. One of the London daily papers, while the trial was pending, actually went out of its way to suggest, that possibly this woman had acted under the hypnotic guidance of her husband, who was known to entertain a grudge against the murdered man. The hypothesis of the newspaper was not however grasped by the prisoner's counsel.

At any moment, I should not be surprised, however, if hypnotism were the subject of enquiry before a judge and jury, and so it is necessary that we should at least know something of the points which would be raised.

Can a hypnotized subject be assaulted? is one of the very first questions that suggests itself.

Luys[1] declares, that "in the lethargic and cataleptic stages, the subject is exposed to any attack and any outrage; he may be made to swallow poison, inhale noxious gases, or rendered completely intoxicated. Indecent assaults and violations may take place; even pregnancy has been produced, without the patient having any recollection of its cause. *Such cases are not very*

[1] "The Latest Discoveries of Hypnotism." *Fortnightly Review*, August, 1891.

uncommon, and many women have been ruined under the influence of hypnotism." This is a terrible indictment; but I cannot help thinking that the picture is considerably overdrawn, at least in so far as it deals with the frequency of the criminal employment of hypnotism. But it cannot be denied, that hypnotism has sometimes been put to base uses, but such cases though they never seem to have been very frequent, were certainly of more common occurrence during the days of the so-called "animal magnetism," than in recent times.

A case was reported in 1821 where the magnetizer, unfortunately a medical man, assaulted a patient. In 1853, a professional magnetizer in Marseilles, not a doctor, took advantage of a girl during hypnotism. In 1865, an assault committed by a beggar named Castellan, on a young woman in the village of Guiols, caused a great stir. The victim was evidently in the state known as "lucid lethargy," for though she retained her consciousness to the full, she was absolutely unable to resist, or cry for help.

In 1879, a dentist in Rouen, was sentenced to ten years' imprisonment, for assaulting a client during the hypnotic sleep.

Professor Liégeois of Nancy has devoted a great deal of attention to this subject, and those who wish to pursue it further should read his book.[1]

Sufficient however has been stated, to show how important are the rules laid down, not only for the

[1] "De la suggestion, et du Somnambulisme dans leur rapports avec la Jurisprudence de la médecine légale." Paris 1888.

protection of the public, but for the protection of the operator's reputation.

That such cases have occurred must not for one moment be allowed to weigh against the legitimate practice of hypnotism by proper persons, for chloroform has been used for murder and violation, so have ether and nitrous oxide, and one well authenticated case is on record, of *rape having been committed during natural sleep*. Hosts of our every day remedies have from time to time been used for criminal purposes: morphia, opium, arsenic, chloral, cantharides, etc.; but because a remedial agent may be abused is no reason why its use should be abandoned. It is only an argument in favour of proper restrictions and safeguards. It must also not be lost sight of, that the proportion of hypnotizable persons on whom such assaults would be at all possible is very small indeed.

Can a subject be induced to commit crime during or after hypnosis?—Moll[1] believes that suicide could be caused by hypnotic suggestion, and also that it is possible to obtain deeds of gift, cheques, or promissory notes during hypnosis, and that wills could be influenced in this way.

Liégeois has induced some of his subjects to commit almost every crime during hypnosis, such as shooting one's mother with a revolver (unloaded), stabbing with a knife (a papercutter), poisoning a friend's drink with arsenic (soda).

In all these experiments, one fact must be clearly borne in mind. The subjects knew very well who was

[1] "Hypnotism," 1890.

the experimenter, and had the utmost confidence in his uprightness; it seems also highly probable that they knew very well that the revolver had no bullet, the arsenic no deadly property, and the knife no cutting edge.

Another point which should also be given due weight in the consideration of this part of the subject, is that a great many of the French experiments have been conducted under circumstances wholly foreign to ordinary medical practice. For instance, many of the subjects of experiment in Luys' laboratory are what might be termed *professional subjects*, that is, they make their living by submitting day after day to the repetition of experiments, and take a sort of morbid pride in accomplishing whatever is expected of them. Experiments conducted under such conditions can hardly be considered to furnish reliable data for arriving at general conclusions. What we want to determine is this: *Can an ordinary person who submits to hypnotic treatment be induced by suggestion to commit a real crime either during or after hypnotism?*

My own limited experience on this point leads me to suppose that the possibility of producing such effects has been greatly exaggerated. Of course I have never tried the actual experiment of suggesting to a patient that he should commit theft or murder, but I have frequently made simple experiments, which are not without some bearing on the question. For instance, one of my patients who becomes profoundly somnambulic, and to whom I can successfully suggest the most absurd changes of personality, so that he

fancies himself to be, and acts the part of, a girl, a soldier, a public singer, or a doctor, will sing or play the piano, but no amount of persuasion will induce him to make a speech. Now this is the one thing that he will not do in his ordinary state, and it is instructive to see how he clings to his aversion in hypnosis.

Another of my patients, a lad of about sixteen, has for years taken a boyish pride in the fact that he will not kiss anyone of the opposite sex, not even his mother. I have frequently hypnotized this youth, and can induce almost any hallucination by the merest suggestion. He will play with imaginary marbles, and equally visionary companions, but if it is suggested to him to kiss his sister, not only is the suggestion rejected, but he instantly awakes.

These are trifling experiments, but they tend at least to show that where any principle is firmly rooted in a man's nature, he will not easily be induced to break through it, and I believe that further experiments will show that, *in general, hypnotism will be powerless to induce an honest man to steal, or a virtuous man to commit murder.*

"*Locking*" *of Patients.*—A curious phenomenon of hypnotism, which requires very careful investigation, in connection with medical jurisprudence, is what is called the "locking of patients."

What is meant by the term is this: If a hypnotist suggests to his patient during hypnosis that no other person will be able to hypnotize him, it will generally be found that the suggestion has rendered the patient proof against the influence of other operators. An

amusing instance of this is related of M. Bernheim and M. Liébeault. The latter hypnotized a patient who was under Bernheim's care, and suggested that the next time he should visit Bernheim, that gentleman would be unable to affect him. The man went as usual on the appointed day, and the Professor was much chagrined to find that he could make no impression on the patient who had previously been easily hypnotized. The patient could offer no explanation, for he had no recollection of Liébeault's suggestion.

It is a common practice amongst medical hypnotists, and one which I invariably adopt, to suggest to my patients, "No person will be able to hypnotize you except at your own request." But the question arises, *Is it possible for a criminal hypnotist to absolutely prevent a person being hypnotized by any person but himself?* The importance of this question is due to the fact that most persons who forget on wakening what has occurred during hypnosis, recall every detail if again hypnotized. So, suppose for the sake of argument, that a person is impelled to commit a crime, he may not on wakening be able to tell who suggested it, or indeed that it was in any way due to suggestion; but if the same person should be again hypnotized, he would be able to give the necessary information, and so lead to the punishment of the real offender.

The consideration of this point leads to another legal difficulty. *Is it permissible to elicit evidence during hypnosis?* In other words, would it be justifiable to hypnotize a person, if possible, in order to revive the

memory of a past hypnosis, and so establish what has aptly been termed "*memory bridge*"?

By some it has been held that evidence so obtained would not be admissible in a court.

Everyone is agreed, I think, in England at least, that it is not right to administer ether to a prisoner or witness, for the purpose of forcing a confession, but the case seems altogether different if a person *willingly* submits to being hypnotized, or requests that he should be hypnotized, for the express purpose of aiding his memory, as to some incident in a previous hypnosis. I should think evidence obtained in this way was quite admissible, but even if this is granted, *such testimony should be strongly supported by corroborative evidence*, for it would be possible for a clever criminal to develop a convenient memory for the purpose of fastening his own offence on another person. It would have to be proved at least that the witness was in the company of the supposed hypnotist at the time stated; and further, that there existed some strong motive why the latter should have suggested the crime, etc. However, this seems purely a question for the lawyers to decide, and I will not pursue it further.

False evidence.—It has been shown that in certain cases it is possible to develop false memories in hypnosis, which may last post-hypnotically. Thus it may be impressed on a subject that he was a witness of a shocking murder, and this impression may take such hold of the person that he will swear to all the details of the crime.

This point may, under certain circumstances, have to be remembered.

Lying during hypnosis.—It is entirely erroneous to suppose, as many do, that during hypnosis people will invariably tell the truth, even if their statements should prejudice themselves. I have heard a subject, on whom I was experimenting, tell a deliberate falsehood, and back it up with a tissue of perfectly logical, though untruthful statements, and yet on being awakened, he had no idea of what he had been asked or answered, or indeed that he had been spoken to, or spoken at all.

Hypnotism invoked as an aid to crime by the criminal himself.—It has been suggested that a person who wished to commit a crime might get a confederate to hypnotize him, and suggest the carrying out of the object.

The idea seems somewhat far-fetched, yet it is not devoid of interest. We know that a murderer's courage often fails him, and he has to get a supply of the "Dutch" material.

When the historical *Phœnix Park Murder* was planned, and the perpetrators selected by lot, the men admitted that they could not bring themselves to stab a man they knew to be perfectly inoffensive, so they resorted to drink for the purpose of getting "enough of the Devil in them" to carry out their fiendish orders.

It may be possible then that men criminally disposed might resort to hypnotism, so as the more coolly to carry out their intentions, in the hope that, unlike

alcohol, it would leave their brains clear, and their muscles quick.

Such are a few of the problems which have to be faced, and the sooner our ignorance about them is cleared away the better.

Some people seem to think it is wrong to consider such questions at all, and that their investigation is dangerous, but surely scientists should not fear the truth. It seems a greater danger if such criminal possibilities reside in hypnotism, for us not to be aware of them. If the investigation proves they do not exist, it will at least ease our minds; but if it should show that it is possible to so abuse hypnotism, as to render it a power for evil, we may rest assured it will also bring to light the means whereby the danger can be averted.

CHAPTER X.

DR. LUYS' "TRANSFER" EXPERIMENTS.

THOUGH the subject of "transfer" experiments has only a very remote connection with the Nancy method of treatment, one can hardly afford to pass by the recent reports from the Charity Hospital in Paris without notice.

A short time since English readers were startled by the articles from the pen of Dr. Luys, entitled "The recent discoveries in Hypnotism."[1] The essence of these "discoveries" being the statement that various diseases can be transferred from a sick person awake, to a healthy hypnotized subject, by means of a magnet; and that when the hypnosis is ended, the subject is at once freed from all traces of the "transferred" ailment.

The idea of transference, which is supposed to be a recent discovery, is by no means new, for we find Professor Gregory declaring, forty years ago,[2] that painful and chronic affections were transferred from the subject to the mesmerist who operated upon them. He also quotes a Mr. Atkinson, who declared that when he mesmerised patients, he often found that their pains were temporarily transferred to himself.

[1] *Fortnightly Review*, June and August, 1890.

[2] "Animal Magnetism," 1851.

Neither is there anything novel in the theory that magnets have some powerful influence on the body. Baron von Reichenbach published in 1845 an account of his researches on the action of magnets upon human beings.[1] He found that in some persons called "sensitives," the presence of a magnet produced unconsciousness, or hypnosis; in others, catalepsy, or even convulsions, according to their varying susceptibility, but though such extreme results were rare, it was held that one person in every three was "sensitive" in some degree. The influence of the magnet was termed by Reichenbach, "*Odyle*," or "*Od Force*," and was declared to be *polar*, that is, each end of the magnet produced different impressions; the *negative or north pole* causing a *delightful coolness*, and giving out a *blue* "*od light*," while the *positive, or south pole*, produced a *disagreeable warmth*, and emitted a *red* "*od light*."

Magnets, crystals, etc., have long been considered capable of removing pains, such as headache, neuralgia, and rheumatic suffering.

Charcot made a series of experiments with magnets, in hysterical cases, and professed to be able to transfer contractures from one side of the body to the other.

Binet and Féré confirm Charcot's experiments, and also point out that in cases of symmetrical contractures, the magnet produced jerkings, convulsions, and disappearance of the contractures.[2] These ob-

[1] *Wer iss Sensitiv, wer nicht.*

[2] "Animal Magnetism," Binet and Féré. 2nd Edition, 1888.

servers also tell us that cataleptic attitudes can be transferred from one side of the body to the other.

But to return to Luys. He says, "this new method of therapeutics consists in the transference of the nervous state of a diseased subject, to a subject hypnotized, by means of a magnetic rod." The process is thus described: A, being the patient who is wide awake; B, the subject, in a state of lethargy.

"A lays his hands on those of the sleeping subject, and an assistant, holding a big magnetized rod with three branches, moves it for a minute or two in front of the arms of the two persons placed before him. He follows the lines of the limbs, forming thus a circuit of continuous magnetization, and at the same time he takes good care only to work with the north pole (this is of vital importance), when he stops at the painful places pointed out by the patient."

In a short time, the affection of the patient is supposed to be transferred to the subject, who also *assumes the personality* of the patient, whose ailment has been received. The subject is then aroused, and instantly the assumed disease and personality disappear. As to the result, let Dr. Luys again tell his own tale: "The sole result is the relief of the patient, whose condition is sometimes modified at once, or as a general rule, after the expiration of two or three hours."

As previously stated, this is not an argumentative book, and so I do not propose to combat Dr. Luys' assertion here; but I think for the guidance of others, and to prevent disappointment, it may be well to state

some impressions gathered during a visit to Dr. Luys' laboratory.

Before doing so, it is my pleasing duty to place on record, my sincere thanks to Dr. Luys, and his able *Chef de la Clinique*, M. Gèrard Encausse, for their most cordial reception, and for the painstaking, courteous, and frank way in which they facilitated my observations. I also wish to state distinctly, that the strongest impression which was left on my mind, after repeated visits to La Charité, was, that Dr. Luys was absolutely honest (even if mistaken) in his statements, and thoroughly believed in the genuineness and precision of his experiments. Having said so much, let us proceed to the laboratory, and recall a few of the points which were observed there.

(1,) The *subjects*, all seemed to belong to the hysterical class.

(2,) The same set of subjects attend the laboratory daily.

(3,) They are *paid by the patients*, whose ailments they are supposed to take, the gratuities being the sole object of their attendance (though they may have been patients of the hospital originally).

(4,) There are generally three or four of them present, *as spectators* of every transfer experiment (also at the experiments with sealed tubes—see after), and so they can easily see what is expected of them when their turn comes.

(5,) The subjects regularly read the clinical reports of the hospital.

(6,) The ailment is *seen* to be adopted by the

subject, when it is an apparent one, such as paralysis; it is *assumed* to be transferred if it is not a visible complaint, such as cardialgia.

(7,) The patient, in many cases, does not appear to the observer to be any better, when the transfer is said to have been effected. Thus I noticed a patient suffering from paralysis agitans, whose affection I saw on three occasions "transferred" to a subject; at each sitting the subject certainly adopted a most violent palsy, but the real sufferer did not seem to benefit in the slightest degree.

On the other hand, it is only fair to state, that a very intelligent patient informed me that he had been greatly relieved of palpitation, dyspnœa, and swollen ankles, by means of transfer.

(8,) The north pole was held to be essential, but in at least one case, I noticed that the south pole was employed with seemingly similar effect.

(9,) The method of *diagnosis*, which is often adopted in the case of patients whose ailment is not self-evident, seemed altogether unique. All physical examination is omitted, the patient not even being questioned as to his or her symptoms; auscultation and percussion are discarded, family and personal history ignored, the pulse is not felt, nor even the tongue inspected. When the magnet has been passed to and fro, for a sufficient length of time to allow of the transfer taking place, the slumbering *subject* is rendered somnambulic by quickly opening the eyes, and then questioned as to the diagnosis of her *assumed* ailment. She pronounces it to be

eczema, headache, neuralgia, or rheumatism, as the case may be, and her verdict is accepted without verification in any way. In some instances, no diagnosis, even of this questionable kind, seemed to be made. During one of my visits, a strong looking woman came to the laboratory, and said she wished for transfer. She was immediately placed opposite one of the subjects, and M. Encausse began to apply the magnet. Seeing that no examination was made I thought she must be an old patient, and asked the *Chef de la Clinique* what was her complaint. He astonished me by saying, "I do not know, it is her first visit, but when the transfer has been accomplished the *subject* will tell us." When the process was over, the subject described an irritation of the skin of the left side of the body, and the patient said this was correct.

This looks like what is called 'clairvoyance,' but clairvoyants claim to be able to see what is wrong with a person, without either magnet or transfer.

Now the weak points in all these experiments appear to be:—

(a,) The subjects are all practically professional transferees, who know that their services would very soon be dispensed with, if they failed to appear to take over the affections of their patrons.

(b,) These transferees are in a constant state of training, for when not actually employed, they are the interested and observing spectators of the performances in which their colleagues are playing principal parts. They listen attentively to all the comments of the

doctors, patients, and visitors, and thus learn precisely what is looked for in any given case. They converse freely with the patients who are in waiting for treatment, and they study carefully in the "Review of Hypnology," the reports of their own accomplishments.

(c,) I should have liked very much, but for the discourtesy of the thing, to have substituted, without the knowledge of any of the actors, a plain bar of lead or iron, for the magnetized rods, and further to have tried if the subject (whose eyes are always closed) would have assumed the patient's troubles, if led to suppose by affirmation that the magnet was being used, when nothing was really employed.

(d,) The method of diagnosis strikes one as very unscientific.

(e,) The part which may be played by suggestion, in the waking state, in the case of a patient, and in the hypnotic condition of the subject, seems to be entirely overlooked.

The experiments of Professor Bernheim throw a very strong light on those of Dr. Luys.

Bernheim hypnotized a patient in the presence of M. Beaunis, and induced a cataleptic condition of the left arm; he then applied a magnet to the right hand for eight minutes, but no transference or other phenomena were observed. Now turning aside to M. Beaunis, Bernheim remarked, "I am going to try an experiment. When I apply this magnet to the right hand, you will see in a moment the right arm will assume the exact position of the left, which will then relax and fall." The same magnet was then placed exactly as it

had been before, and in a minute, the suggested transfer was complete, without the slightest betrayal of consciousness on the patient's face. Next, Bernheim produced contracture of the muscles of the left side of the neck, and *without speaking*, applied the magnet to the right side. In a moment, an exact transfer occurred. On every subsequent trial, similar transfers took place in any position, without any further suggestion. Here then we see the effect of one simple sentence, addressed to a third person, in the hearing of the subject. Does it not strike one at once that the subjects of Dr. Luys' laboratory, who as it were, breathe an atmosphere of suggestion, who hear daily, conversations about, and explanations of, the phenomena of transfer; who read the literature of the subject, and are permitted to witness the experiments, may, like Bernheim's subjects, *be more affected by the suggestions (unconsciously given by the operator) than by the magnet?*

But Bernheim pushed his experiments further. He said to one of his colleagues, in the hearing of a hypnotized subject, in whom he had been inducing the usual "magnetic transfers," "Now I will change the direction of the magnet, and you will notice that the transfer will take place from the arm to the leg." At the end of the minute, the cataleptic arm fell, and the leg was raised and became rigid. The *magnet was then replaced by a penknife, a bottle, or a roll of paper*, and in every instance the transfer occurred, just as when the real magnet was employed. The next day, Bernheim repeated all these experiments, in the case

of another patient, who had been present the day before; and without saying anything to her or in her hearing, they all succeeded just as well as in the other case. Here, though no direct verbal ideas were given to the patient, the suggestion of the transfer had been impressed on the mind, by what had been seen to occur in the case of another subject.

Dr. Luys showed me a special magnet which he had devised for encircling the cranium, and with which he was experimenting. At a recent meeting of the Paris Biological Society, he reported the results of his researches.[1] The magnet is placed on the head of a neurotic patient for five minutes, and then removed and put on the head of a hypnotized subject to whom the patient's neurosis is at once transferred. The following case was cited. A patient who was suffering from right hemiplegia, and difficulty of speech, was placed in a horizontal position, and the magnet fixed so as to encircle his head. At the end of five minutes, *without a word having been spoken*, the magnet was removed, and placed on the head of a subject *in the next room*, who had been previously hypnotized. Almost immediately the subject became paralysed on the right side, and embarrassed in speech. On being aroused, the subject's motion and speech were restored, but the patient's condition remained unaltered. It was further noticed, that if the same magnet was placed on the head of a third patient, it still provoked the same symptoms, though in a less degree.

Now though nothing was spoken in the hearing of

[1] *Lancet*, December 6, 1890.

the subject, during this experiment, and though she was at the time, in an adjoining room, it is by no means clear that she was not cognizant of similar experiments, which had been carried on for weeks; and judging from what I saw of the liberty given to the regular subjects, I should think it most probable that this particular one had been permitted to see other experiments with this cranial magnet, and to hear the conferences concerning them.

Bernheim's work shows that in order that such "experiments" may have any scientific value, much greater precautions than are now exercised at La Charité, to eliminate the possible element of indirect suggestion, would have to be adopted.

Babinski, one of Charcot's pupils, placed sick people, who were awake, and hypnotized subjects, back to back with a magnet between them. He found that the transfer took place in a manner similar to that noted by Luys.

M. Auguste Voisin of the Salpêtrière, Forel of Zürich, as well as Bernheim and others, have not been able to obtain the same results as Luys, when suggestion was strictly excluded; and a commission of the French Academy of Medicine, having repeated Luys' experiments, in his own presence, reported adversely on them.

Dr. Tuckey and I obtained exact duplicates of Luys' magnetic bars from the Paris maker who supplied the originals, but so far, neither of us has been able to elicit any but negative results from their application.

Luys' Emotional Experiments.—Some very striking emotional effects are held to be produced by the magnet, and are cleverly described in one of the articles already referred to.[1]

It is held that as the north pole of a magnet attracts the needle, while the south repels it, so in human beings, corresponding emotions are excited. Thus, to quote Dr. Luys, "If you present the *north* pole of a magnetic rod, to a subject in a state of lethargy, you arouse in him movements of *joy*, and expansion of feeling; and that if you connect him with the *south* pole, movements of *repulsion* appear."

By Dr. Luys' kind permission I am enabled to reproduce on next page two of his photographs, showing these effects.

Fig. 2.—Photograph showing the effect of the north pole.

Fig. 3.—Photograph showing the effect of the south pole.

Dr. Luys very kindly repeated these experiments for me, and the exact appearances depicted above were reproduced. But I must say, that the subject in whom they were demonstrated, was one of those in the photograph, and so was perfectly familiar with the experiment. Further, that any of the subjects can study these and many other photographs illustrating all the magnetic experiments on the walls of the laboratory; and further, that on every magnet used for these emotional experiments, the north pole is clearly indicated (no doubt for the guidance

[1] *Fortnightly Review*, August, 1890.

FIG. 2.—*Photograph showing the effect of the North Pole.*

FIG. 3.—*Photograph showing the effect of the South Pole.*

of the operator) by a postage stamp marked in blue ink with a large N, so :—

The subjects are also said to see a beautiful *yellow* light, issuing from the *north* pole, and a *blue* light from the *south* pole. On this point, it is instructive to notice that Reichenbach's "sensitives" observed that the "odylic light" was of a *beautiful blue colour* at the *north* pole, and a *disagreeable yellow* at the *south*, so though Luys appeals to those earlier researches for confirmation of his own, there is at least this discrepancy between them.[1]

Luys also produces these emotional effects with coloured glass balls, the subjects becoming wild with delight at the sight of a yellow ball, but almost violently annoyed if a blue one was substituted. Whilst I am not in a position to deny that some

[1] In connection with all the experiments above referred to, whether of Charcot, Binet and Féré, or Luys, it may be said that the most reliable test of any magnetic influence seems to be that employed by the "Reichenbach" committee, of the Physical Research Society, who undertook to test the supposed luminosity of magnets in the case of sensitives. The method adopted was very ingenious. A large electro-magnet was employed and placed in an absolutely dark room, where the subjects were seated with several members of the committee. In another room were the Smee cells which excited the magnet, and the commutator which made or broke the current was here under the control of other members of the committee. No times for making contact were arranged beforehand, so that it was impossible for the subjects to know when the apparatus was really a magnet, and when not.

This arrangement seems the most satisfactory way of making magnetic experiments.

The report of the Committee is most interesting, and will be found in the Society's Proceedings.

persons may see flames at the poles of a magnet, I will say that in many subjects it is very easy to produce hallucinatory flames of any hue by suggestion, and some of my patients have declared spontaneously that they saw a faint blue light issuing from my hand, when no notion of such a thing was present in my mind.

Effect of Drugs in Sealed Tubes.—Another set of experiments described by Dr. Luys in this paper, may be conveniently referred to here. He says, "In order to produce these effects, we may practise with any substances in small quantities, in solution, used in tubes of glass, closed and corked. These tubes may be laid on the skin, on the front part of the neck, either on the right or left side, in front of the ear, eye, nose, or lips, and the appropriate reactions are immediately brought about. To start with, the patient should be thrown into the lethargic state, care being taken *not to utter a word.*"

I asked Dr. Luys to make one of these experiments in my presence, and, with his unfailing courtesy, he at once consented. The subject selected was one of the regular habitués of the laboratory. As soon as the lethargy was induced, a tube containing brandy was slipped in at the neck of the girl's dress, and Dr. Luys, who stood at one side of the subject, while I was at the other, remarked to me in a loud whisper, "*Eau de vie.*" In a few seconds, the subject remarked that she felt drunk, began singing excitedly, and finally left her seat, staggered, and fell on the floor. Here any conclusions which might be drawn from the test were

absolutely nullified by the operator's breach of his own rule, "not to utter a word."

Krafft-Ebing has conducted similar experiments with pilocarpin, atropin, apomorphin, and alcohol, but is unable to confirm Luys.

Experiments with medicines in closed tubes were, I believe, first made by Grocco, an Italian physician.

In thus criticising Luys' experiments with magnets, colours, and medicines in tubes, I do not for a moment wish to dogmatise, for though I have not been able to obtain the results claimed, this is no reason that other observers should not. I have not had the necessary time to conduct a sufficiently large number of experiments; but before I am prepared to accept such striking results as genuinely due to the causes to which they are attributed, they must pass through a much more fiery ordeal than the process of experiment which obtains at La Charité.

Concerning the *curative* results claimed for some of the transfer operations, it seems to me possible that they, too, might be explained as due to suggestion; for though the patients are not hypnotized (only the transferees), we must not neglect the evidence of those who have observed the effects of *suggestion in the wakeful condition*. Gregory recorded forty years ago that catalepsy, paralysis, anæsthesia, analgesia, and hallucinations could be produced in certain susceptible patients in their normal state. Braid, too, noted some of these phenomena, and Bernheim has since confirmed these observations.

Now the question arises, Are people in whom such

phenomena can be produced, though seemingly in their natural condition, really hypnotized or not? They are certainly not hypnotized in the ordinary sense; but if we remember the definition which we adopted at the outset of "hypnosis," as a state of "heightened receptivity of suggestion," it seems to cover this condition of exalted receptivity which is sometimes found in a wakeful state.

Take now one of these transfer patients. He has heard or read of Luys' wonderful cures by means of transfer, and he comes to the laboratory full of faith. He sees the transferee thrown into a lethargy; he observes the solemn movement of the magnet by the doctor, and presently sees that the outward and visible signs of his malady declare themselves in the subject. Surely all these things are calculated to provoke a heightened receptivity of the all-pervading suggestion, a state identical with the first degree of hypnosis.

Hypnosis in Animals.—The subject of hypnosis produced by, or in animals is very interesting; but as it has no very direct bearing on therapeutics, I will content myself with the most cursory reference to it.

About the middle of the seventeenth century, *Father Kircher* related how a cock placed before a chalk line, with his legs tied together, becomes motionless very soon, so that he remains cataleptic even when his legs are released.

Czermak, of Leipzig, repeated this experiment in 1872, and found that even dispensing with the chalk

line and the tying of the legs, he could induce a cataleptic condition not only in cocks, but in pigeons, rabbits and crabs, by simply holding them in one position for a certain length of time.

Gregory tells how Lewis, a mesmerist, succeeded in mesmerising a cat, and the *Duke of Marlborough* was said to have been equally successful with a fierce dog. It has often been suggested that the celebrated Irish *horse tamers* may have relied on hypnotism.

Miss Harriet Martineau published her experiences with a sick cow, which she asserted she not only mesmerised, but cured of some illness.

Moll and others have hypnotized frogs.

Certain animals seem able to produce hypnosis in others by means of fascination. When in Antwerp I witnessed a most revolting instance of this power. In the Zoological Gardens there, are a number of compartments, occupied by various kinds of serpents, and into these a number of rabbits and pigeons are turned. The rabbits run, and the pigeons fly, most vigorously at first; but by degrees their movements become less active and more spasmodic, until one by one they become absolutely cataleptic, fascinated by the steady stare of the snakes. Some of the birds were actually riveted on the twining bodies of their charmers. As soon as the cruel hypnotists feel inclined, they swallow their innocent and unresisting victims. It is a most sickening sight, and it is astonishing that it should be considered a suitable show to expose to the morbid gaze of the public.

Some snake charmers seem able by a process of

stroking, to produce a cataleptic condition in the snakes, so that they become as stiff as rods.

Of course, in speaking of hypnosis in animals, we are to some extent inconsistent, for it can hardly be held that rabbits, etc., are capable of receiving suggestions in the same sense that we are. It would be probably more correct to speak of *catalepsy* in animals.

CHAPTER XI.

THEORIES OF HYPNOSIS.

I HAVE no intention of going into the theory of hypnosis, or hypnotic suggestion here; but it may not be out of place to refer to some of the opinions which have already been expressed by others.

Mesmer accounted for all the phenomena with which we are familiar, by saying that they depended upon some subtle magnetic influence, transmitted from the operator to the subject.

Reichenbach declared that what he called "odyle," was universally diffused throughout the material universe, as well in the human body as in magnets, crystals, plants, the sun, moon and stars.

Braid exploded the pretentions of Mesmer, and showed that hypnosis did not depend upon any mysterious influence, and propounded the theory that hypnosis depended on an exhausted condition of the eyes, produced by fixed gazing, this tired feeling extending to the brain, giving rise to sleep.

Gregory adopted the older theory of a magnetic force, and fully accepted Reichenbach's explanation of odyle.

Dr. Liébeault's explanation is as follows :—

The concentration of the mind on the idea of sleep, aided by fixing the gaze on a given object and the monotonous suggestions of the operator, produces a

certain tranquility, a cessation of thought, and a more or less pronounced alteration in consciousness. The patient's mind having been concentrated before hypnosis, he remains, as it were, in relation with the person who has been to some extent instrumental in producing this condition, and so hears his suggestions even when the brain sluggishly responds to, or altogether refuses to notice other stimuli. All the sensations being as it were deadened or dulled, there is during hypnosis a great *accumulation of nervous energy in the brain*, which is directed into any particular channel, by the judicious guidance of the operator, by means of suitable verbal suggestions, and thus a more or less indelible impression is made. When the hypnosis is ended, the *nervous force is once more equally distributed over the body*, to supply the sensory, motor, and special sense nerves, and so the remembrance of the impressions of hypnosis, is either enfeebled or entirely obliterated, according to the depth of the sleep.

Heidenhain, the Professor of Physiology of the University of Breslau, first thought that hypnosis was due to "contraction of the arteries supplying the brain, reflexly produced by the sensory stimulation used to induce the hypnotic condition, due, therefore, simply to *anæmia* affecting definite parts of the brain." To test this theory he experimented with *nitrite of amyl*. He found, however, that he could hypnotize his subject, while his face was flushed, his head throbbing, and his arteries much dilated, and further, that hypnosis produced immediately after inhaling

the amyl was always deeper than when it was not used.

He now states that in his opinion "the cause of the phenomena of hypnotism lies in the *inhibition of the activity of the ganglion cells of the cerebral cortex* . . . . brought about by the gentle prolonged stimulation of the sensory nerves of the face, or of the auditory or optic nerve."

Rumpf put forward a similar theory.

Bernheim believes that hypnotism is entirely due to *suggestion*, and that during this condition, there is an "increase of the reflex ideo-motor, ideo-sensitive, and ideo-sensorial excitability;" in other words, that the controlling or volitional portion of the brain is, for the time being, so far suppressed as not to be able to govern the lower or automatic parts of the brain, and so, the faintest impression on the periphery of a nerve is transformed into an act or contracture; so also the suggestion of the feeling of pain or the relief from it, is accepted without reasoning or question.

Many other explanations more or less plausible have been put forward; but as this is merely a practical guide, I will content myself by referring those of my readers who may wish to pursue the theoretic side of hypnotism further, to the works of Bernheim, Moll, Tuckey, Binet and Féré, Heidenhain, and Krafft-Ebing, already mentioned.

CHAPTER XII.

GENERAL CONCLUSIONS.

What are now the practical conclusions which we are justified in drawing from our studies?

(1,) It can hardly be doubted any longer that a condition of hypnosis can be genuinely produced, and that this condition, though varying in degree, can be produced in a very large percentage of people.

(2,) This state seems to be characterized by an increased willingness to accept suggestions from without.

(3,) It can be induced by various processes.

(4,) Most persons seem able to hypnotize, though of course individual qualities tend toward success or failure in every operator.

(5,) The popular belief that weak-minded persons are alone, or specially, susceptible to hypnotic influence does not seem to be well founded.

(6,) Actual experience lends no support to the idea that the will of the patient is permanently subjugated to that of the operator.

(7,) The idea that the hypnotist, once having hypnotized a person, can in consequence, always afterwards, exercise some influence over such person's thoughts and actions, seems to be erroneous.

(8,) There appears to be no danger, as is often supposed, that subjects may not waken.

(9,) Hypnotism properly and conscientiously applied seems to be useful in certain medical ailments.

(10,) Also in some surgical conditions.

(11,) Moral defects appear in some cases to be amenable to hypnotic suggestion.

(12,) If hypnotism is honestly employed by competent operators, it seems to be free from physical, mental, and moral danger; the health, intelligence, and higher qualities of the subjects, not appearing to suffer from its application.

(13,) Certain moral dangers are to be apprehended from the unscrupulous abuse of hypnotism.

(14,) Such dangers can however be easily avoided, it seems, by restricting the use of hypnotism, to medical men (or women), or other authorized persons, and by adopting the precautions as to witnesses, which have been recommended.

(15,) It appears advisable that lawyers should have some knowledge of the phenomena of hypnotism, and that a study of these phenomena should be included in a medico-legal education.

(16,) It seems also reasonable to urge that Parliament should be asked to regulate the practice of hypnotism, so as to render it illegal to give public demonstrations of its powers, or to use it privately, unless the operator possesses either a medical qualification, or a licence. (The details connected with this part of the regulations, could be safely left in the hands of the General Medical Council.)

Many further conclusions might be drawn, but I leave them to my readers.

All that I personally wish to claim, at present, is that hypnotism and hypnotic suggestion, with all the above "seemings" and "appearances," which I have used advisedly, should be accorded a *fair and impartial investigation*, and that those who have no actual experience of the subject, whether medical men or laymen, should suspend their judgments, until such investigation has been made.

I think it is only fair also to ask, that in practically testing hypnotism, as a remedial agency, it should be granted as full a trial as is afforded any other means of treatment by drug or otherwise. What I mean is this: Supposing any new medicinal substance is introduced, say exalgine for the relief of neuralgia; it would not be considered fair, if one dose failed to effect a cure, to declare that exalgine was of no value, neither would it be thought just to condemn the drug, because it failed in one or two instances. Yet many people are ready to thrust hypnotism aside as useless, because in any given case (and very often one is purposely selected because it has resisted every other treatment), one sitting has not wrought a complete cure; or because in several cases, perhaps in succession, no benefit has followed even a reasonable trial.

I know one gentleman who selected as a test case, a patient suffering from what was considered incurable insanity, and by the issue of this one case, hypnotism was to stand or fall, so far as his observation was concerned.

Further, it does not seem to me to be reasonable, to

try every kind of medicinal and mechanical means in any given case, which might seem likely to benefit by hypnotism, and then when the patient is *in articulo mortis*, invoke the aid of a practised hypnotist, or perhaps make a maiden effort oneself, and if failure naturally follows, lay the blame on the agency, instead of on its tardy, or inefficient administration.

I was once summoned to hypnotize a lady who was dying for want of sleep after an operation. For eight days, every hypnotic drug in or out of the Pharmacopœia had been given in rapid succession, and hypnotism was not tried until within about eight hours of the patient's death.

I am by no means advocating the indiscriminate use of hypnotism, nor am I by any means an enthusiast on the subject, of which I am so far merely a student, with a perfectly open mind, as to the ultimate results of my investigations.

One thing, however, I am perfectly convinced of already, viz.: that it is not suitable for all cases, nor in every class of disease, and that any medical man who takes it up, expecting to find it a panacea, is doomed to certain and bitter disappointment. Hypnotic, like every other kind of treatment, will yield a large crop of failures, and many cases, which may at first seem to benefit, will relapse.

But is this sufficient reason for refusing to try it at all? The treatment, be it allopathic, hydropathic, homœopathic, electric, climatic, by massage, faith, or inoculation, which is invariably successful or universally applicable, has yet to be discovered; but

while we are searching for it, I do not think we can afford to overlook any means by which, any ailment may perchance be modified or overcome.

The wise physician, who has to minister to minds as well as bodies, which are diseased, or in danger, and who accepts his life mission as a sacred trust, should ever be on the alert to seize any hint which the chemist, electrician, sanitarian, moralist, or even charlatan, can offer for the lightening of human suffering, and the cure, or better still, prevention of every or any malady.

This is the spirit which should ever actuate our noble profession, and I appeal with confidence to its members to exercise this spirit towards hypnotism. Let us weigh it carefully in the balance of honest examination; if it is found wanting, fling it aside, but if it is proved to be useful, place it in our ever increasing armoury, to be used not as a substitute for other well tried and trusty weapons, but as an additional arm, to be wielded in our everlasting fight with Death and his messengers, as tact and judgment may dictate.

APPENDIX.

ILLUSTRATIVE CASES.

CASE 1.—*Obstinate Neuralgia in the Tongue, and Morphinomaniac Tendency.*

A.B., aged 53, had suffered incessant and most distressing pain in the tongue and cheek for eight months. The pain was so acute that eating was impossible except when under the influence of morphia, and this drug had been so regularly taken that the dose had to be greatly increased, and frequently to be injected twice or even three times a day. It had also quite lost its power of producing sleep, having now the contrary effect of provoking wakefulness. At the end of eight months, the prostration was so great, owing to the loss of sleep and the small quantity of food taken, that the patient was only able to sit up a short time daily, and was confined to bed entirely some days, when the pain was so acute that the morphia seemed powerless to subdue it.

The patient was easily hypnotized, and passed into the cataleptic state, and the very first night slept well without morphia. On the second day the gastric disturbance due to the cutting off of the morphia, became so urgent, that I had to resume the injection of a small amount each night.

Sleep immediately returned, and it was not uncommon for the patient to sleep ten hours at a stretch.

The patient's strength quickly improved, the neuralgia abated, and the craving for morphia, which was present even when the pain was gone, was speedily overcome. She was hypnotized each night.

In five weeks the patient left home, looking better than she had done for years.

During the latter part of this time I tried to produce the sleep by means of written suggestions, giving the patient a paper on which was written, "Go to sleep at once, and you will sleep until 7.30 : you will be much better in the morning and not require any morphia." This paper, conveniently placed, acted splendidly, and even now, if at any time she feels doubtful about having a good night, she folds the paper, and looks at the words, "Go to sleep at once," and the effect is always satisfactory.

Case 2.—*Insomnia, with great Mental Depression.*

P.G., aged 65, a most active and intelligent manufacturer, through overwork and anxiety about several patents which he was perfecting, became a victim to insomnia. He had been suffering for months, and when first seen was in a pitiable plight, unable to work and unable to rest, terribly irritable, and a prey to all sorts of morbid notions.

He ridiculed the idea of hypnotism helping him, but was soon affected, though only to a slight degree. It was then suggested to him that he would sleep well and feel quite calm. Immediately he felt quiet, and began to sleep well. He was only hypnotized twice, but at the end of three weeks, reported that he was quite cured, sleeping every night like a child, and

enjoying his days. He said he would gladly have given ten years off his life for the relief he had obtained.

Case 3.—*Severe Pain after Pleurisy.*

C.T., aged about 40, had a bad attack of pleurisy with effusion, eight months ago. For three months she was confined to bed, and, during the last five months, had never been free from pain. When first seen she was quite unable to do her work. Her breathing was difficult, and if she tried to take a deep breath, the pain was intense. She could not lie on the affected side, nor lean towards it; she dare not stoop, and got very little sleep. The side was so painful that even the lightest pressure made her wince and scream out.

The patient became cataleptic, and while in that condition, I rubbed the side freely, and assured her that the pain was gone.

On waking her in about five minutes, I was as much surprised as my patient, to find that she was absolutely free from pain, that her breathing was perfectly free, and that she could bend and stoop with ease, and bear a good blow on the side without pain. She returned in a week to report that the cure was permanent, and there has been no return for a year.

Case 4.—*Obstinate Neuralgia of the Head and Right Arm.*

M.S., aged about 45, had suffered for over eight weeks from very acute pain in the head, and down the right arm.

She had tried all the usual drugs, and was ordered

by her doctor to the seaside as a last resource. Her pain seemed to be intensified by the change of air, and she simply came to me to know should she return home.

She was hypnotized quickly, and fell into a deep sleep, but was not cataleptic. The head and arm were rubbed, and cure suggested.

She wakened quite free from pain, and remained in Blackpool two weeks longer, but never had even the faintest suspicion of the pain again, and had not to be hypnotized a second time.

Case 5.—*Melancholia and Hypochondriasis.*

B.W., aged 30, had, owing to a series of disappointments, become quite morbid, and wandered about all day, pondering on different methods of suicide.

He had lost his appetite, and complained of a feeling of constriction across his chest, and various obscure pains about the umbilicus, and want of sleep.

One sitting, in which he became slightly cataleptic, was followed by a wonderful difference in him, and he remained bright and cheerful for several days, eating and sleeping well, and free from pain. As he expressed it himself, "the world was changed and he felt as happy as the day was long."

As there were slight threatenings of a relapse, it was necessary to repeat the hypnotism several times. He was called away from Blackpool, but left a firm believer in hypnotism, and is, I understand, keeping well.

After a lapse of several months, this patient called

upon me and reported that he had not had any return of his morbid feelings.

Case 6.—*Thorn in Finger.*

P.E., aged 28, while gathering wild flowers, got a large thorn in his middle finger; it entered just behind and was embedded under the nail. He had tried every means of extraction, and when first seen had had the thorn in his finger for twenty-four hours.

He was hypnotized, and became cataleptic, and while in that condition I was able to get the thorn out without pain, though the removal took several minutes, as the splinter kept breaking owing to its being sodden. This operation would have been too trivial to mention here, were it not for one circumstance.

Before I wakened the patient, I told him that he would have no pain when he woke, or subsequently, and that the wound would heal very quickly.

Knowing that the pain after the extraction of a thorn is generally very bad for a long time, I hardly believed my own assertion, but thought it might help to deaden the suffering. However, the patient told me a week later that he had never felt the least pain, nor tenderness on pressure afterwards, and that the wound was quite healed the next day.

Case 7.—*Pain in the Face after removal of Eyeball, with consequent Insomnia.*

C.B., aged 48, had had his left eye removed two years ago, on account of a tumour, said to be fatty.

For some weeks he had had severe pain in the forehead and malar region, which prevented him sleeping.

The first time he was hypnotized the pain was quite obliterated, and he had a good night's sleep.

He was hypnotized on four subsequent occasions, as the pain threatened to return, but each time it was eased for a day or two, and each sitting was followed by refreshing sleep ; whereas sleeping draughts failed.

This patient had to return to his work in the Midlands, and went away regretting that he knew of no doctor in his own town who practised hypnotism.

I fancied the tumour which had been removed was malignant, and that some secondary growth was the cause of the pain.

This patient has since died, and a post-mortem examination revealed the presence of a large tumour, (sarcoma) pressing on the brain.

CASE 8.—*Concussion of the Spine, due to a Railway Collision.*

H.A., aged 32, was hurt in a collision six months before coming under my notice. When first seen, he complained of great weakness, pain in the upper dorsal and lumbar regions; also in the head, and left shoulder and arm, and that his legs always felt cold. He was very depressed.

He was not a very susceptible subject, and never got beyond a feeling of drowsiness.

Yet he very quickly lost all his pains; his legs got warm, he gained strength, and in five weeks was able to take a journey to Scotland, and walk quite a long distance. This gentleman's recovery seemed to be hastened by several months, and his case leads me to suppose that in similar cases, if hypnotism was

tried immediately after the accident, the subsequent shock might be greatly diminished in force.

Case 9.—*Muscular Rheumatism, with Ulceration of the Throat.*

F.W., aged about 30, had, when first seen, had a very bad night, and was in acute pain all over the body; she could only move with difficulty, and could not get ease in any position. Her throat was much ulcerated, and swallowing was very painful.

After about five minutes' hypnotic sleep, with rubbing and suitable suggestions, she felt so well that she wanted to get up and go about the house. She could also swallow without any trouble.

The pains did not return, except very slightly on the second day; but the throat got well at once, and after a second sitting, the remaining pains were altogether obliterated.

Case 10.—*Pleurisy.*

J. W., aged about 45, had a sharp attack of pleurisy, to which she was very subject, and for which I had several times treated her non-hypnotically.

She was not seen until the second day, when the pain was abating, owing to her usual medicinal remedies; but still it was bad enough to prevent her taking a long breath, and she was also suffering from a violent headache, and cramp in her leg.

She was easily, but not deeply hypnotized. The pain in the side, the headache, and the cramp were immediately removed, and did not return; and several days later, she informed me that her general health had greatly improved.

CASE 11.—*Spasmodic Cough.*

S. J., aged 28, had had two very bad nights, owing to an incessant dry hacking cough, which seemed due to some laryngeal irritation. He was hypnotized, and suitable suggestions made. He slept well that night, and had no further trouble.

CASE 12.—*Spasmodic Sneezing.*

The same gentleman was so much impressed by the cure of his cough, that he again applied to me, to know if he could be relieved of an affection from which he had suffered more than twenty years, and which he had hitherto regarded as incurable. Every morning on getting out of bed he was seized with violent paroxysms of sneezing, which lasted about ten minutes, and left him for a time quite exhausted, with aching sides and his eyes and nose streaming.

One sitting was followed by complete relief.

Six months later, this gentleman assured me that he had never had any return of the sneezing.

CASE 13.—*Toothache.*

S. B., aged about 35, was suffering from severe toothache, and owing to swelling of the face, feared to have the offending tooth extracted.

After five minutes of the lightest hypnotic sleep all pain was gone.

CASE 14.—*Contusion of the Temple.*

A gentleman, in coming down stairs, slipped, and struck his temple against the edge of a step. The pain in his head was very great; but after a few strokings of the hand and suggestions of relief, was entirely dispelled.

Case 15.—*Hysterical Pains.*

F. O., a young married lady, suffering from hysteria, complained of great pain in the abdomen, with distension, aching of the limbs, a general feeling of weakness, and an inability to walk any distance.

After one sitting all the pains were dissipated, and she was enabled to take quite a long walk, and after two more hypnotic sleeps, her husband reported a wonderful change for the better in every way.

Five months subsequently, this lady's husband wrote to say that she had not had any relapse, and was remaining in good health.

Case 16.—*Pains in the Soles of the Feet.*

S. W., aged about 35, had for years suffered every summer from intense burning in the soles of his feet, which was so bad as to prevent his walking, except with the greatest pain.

One sitting was followed by complete removal of the trouble.

Case 17.—*Obstinate Tic.*

M. R. had been suffering from distracting tic for five days, when first seen. A chemist had prescribed various remedies, and she had tried poultices, mustard leaves, and turpentine cloths. After hypnosis, she obtained immediate relief and a good night's sleep. The pain returned slightly in about twenty hours, but after a second sitting it was completely banished.

Case 18.—*Menorrhagia, with Pains in the Arms, Weakness and Nightmare.*

J. R., aged 24, was greatly pulled down owing to excessive and too frequent menstrual losses, and was

suffering from acute neuralgic pain in the right arm and shoulder, and was subject to troublesome nightmare.

After being hypnotized once, she became regular. She was quite free from the neuralgia, slept soundly, and began to gain strength. In her own words, she "felt a new woman."

Case 19.—*Inebriety.*

F. L., a young man who had for some years given way to drink, and whose business prospects were seriously endangered. He had frequently signed the pledge, but invariably broke through his good resolutions.

He was found to be very susceptible, and became cataleptic. During his sleep, a dislike to alcohol was strongly suggested. For over nine months he has not shown the slightest inclination to take any form of intoxicant, though from the nature of his employment he is constantly exposed to temptation. As a safeguard, the hypnotic suggestions have been repeated at intervals of seven to ten days for the first five months, and since then much less frequently.

This patient informs me that even the smell of alcohol is positively offensive to him now.

Case 20.—*Stammering.*

G. L., aged 41, has been all his life a great stammerer, and if called upon to speak to a stranger, is sometimes unable to speak at all, owing to nervous dyspnœa.

He could only remain in Blackpool a short time, but at the end of six sittings, was very much improved

both in reading and speaking, and betrayed his weakness very slightly.

I frequently receive letters from this patient to say how much better he is getting on in his business now.

Case 21.—*Contraction of the Palmar Fascia.*

E. A., aged 45, a barber by trade, had suffered from

Fig. 4.

a gradually increasing contraction of the palmar fascia in both hands, the right having been more or less affected for twelve years, and the left for eight years. He attributed the ailment to the cramped position of his fingers in shaving and hair-cutting; but it is interesting to note that his father had for years

suffered from phalangeal contraction of the ring and little fingers of both hands. The patient was also subject to subacute rheumatism, but was otherwise healthy. About a year ago, both hands became so painful that he was wholly unable to continue his work, and had to dispose of his business. Since then the contraction had remained about the same, but the

Fig. 5.[1]

pain continued very severe, and effort to do any work brought on most acute paroxysms. If he grasped anything round, such as a broom handle, the fingers became cramped, and he had to put them in hot water to free them.

[1] Top of little finger of left hand cut off in machine accident.

The photograph *Fig* 4, shows the condition of his hands when he came to me for treatment on November 11th, 1890.

I hypnotized the patient readily by Liébeault's method, and he became cataleptic. I then extended all the fingers as fully as possible, and rubbed the palms freely, complete anæsthesia being present. I hoped in this way to be able to modify the pain, but hardly expected any further improvement.

The next day he returned, and reported that not only was the pain considerably lessened, but that he had great freedom in the movement of his fingers. I repeated the proceedings of the former day, and since this second sitting he has remained, for over six months, absolutely free from pain, and with perfect motion in every finger.

Fig. 5 shows the present condition of the hand.

Of course, from one case I do not for a moment wish to draw any hasty conclusion. But I do think a case of palmar contraction, apparently cured in two days, without the use of chloroform or ether, tenotome or splint, is sufficiently interesting to justify its publication, and also sufficiently striking to warrant the trial of the means adopted, in similar cases, before having recourse to a difficult or dangerous operation, entailing, even in the most brilliant instances, a tedious and irksome after-treatment.

This case was first reported in the *British Medical Journal* (Jan. 10th, 1891), as a case of "Dupuytren's Contraction," not that I thought it was a typical case, but because it seemed to follow all the leading

characteristics of that affection, as laid down by Erichsen.

As to cause, there were heredity, occupation and rheumatism. As to symptoms and signs, there was present an undoubted fascial contraction, affecting all the fingers. The patient had been seen by several surgeons, all of whom agreed it was the fascia, and not the tendons, which was at fault.

Exception has been taken to the diagnosis, and I am quite content to leave it as a peculiar case of fascial contraction.[1]

Neither do I assert that all that has been done might not have been effected under an ordinary anæsthetic.

Case 22.—*Rheumatism in the Hip.*

B. G., aged 36, had suffered for over ten years from great pain in the left hip, which was especially troublesome each morning on rising. The pain was frequently so acute, that it made him scream out; through the day it wore off. He had tried so many remedies without securing any relief that he had begun to regard it as incurable.

After three sittings, in each of which he became slightly cataleptic, the pain entirely left him, and has not returned, though an exceptionally severe winter has passed since his treatment.

[1] Mr. Macready, F.R.C.S., wrote to the *British Medical Journal*, saying that he could hardly accept the diagnosis; but after a careful inspection of the original photographs, he assured me that he was quite satisfied that the case was one of "Dupuytren's Contraction," though a rare form.

Case 23.—*Anæmic Headache, with Insomnia.*

K. C., aged 28, was left after a severe illness with very marked anæmia. She had suffered for months, when first seen, from persistent and almost continuous headache and marked insomnia. She used to go to bed, thoroughly exhausted, and feeling very sleepy, would perhaps get an hour's broken rest, and then suddenly become wide awake, and remain so all night. Through the day she was weary and languid, felt sickly and disinclined for food, and was done up with the slightest exertion.

After the first sitting, she began to sleep soundly, getting about eight hours' refreshing sleep each night. The nausea disappeared, and she was able to eat heartily; she also felt able to do her work. At the end of a month she reported that she had only had two very slight attacks of headache, and had not had a single bad night. Her colour had returned, and she seemed greatly improved generally.

She had a second sitting, and has since (three months) remained quite well.

Case 24.—*Chronic Constipation.*

M. G., aged 50, had suffered for many years from very obstinate constipation, and was in consequence much troubled with piles, and had also a displacement of the womb, due to loading of the rectum.

She was hypnotized with difficulty on the first occasion, but more readily, though not deeply, on the second and subsequent trials. After four sittings, her bowels began to act naturally and regularly every day, and her general health seemed greatly improved.

This patient tells me that the bowels have acted daily without medicine for five months.

Case 25.—*Pains in the Chest, Mental Depression, Palpitation.*

H. G., aged 27, a very muscular young man, a blacksmith by trade, had for over six months, suffered from pains across the chest, dyspnœa, and palpitation, which he attributed to his heavy work. At times his symptoms were very urgent, and he felt convinced that they would soon prove fatal. He became desponding, and at night his friends noticed that he would sit morbidly for hours, in an absent-minded mood, from which they could not rouse him.

At the first sitting he became profoundly affected. He returned in ten days, to ask that the treatment might be repeated, as the pain had been much less severe, and he had felt better fitted for his work.

I saw nothing more of him for over three months, when he came again to say that he had kept quite well since his last visit, but was again feeling some threatenings, which he believed another sitting would prevent developing.

It is now six months since his last sitting, and he has continued well.

Case 26.—*Melancholia, Insomnia, Dyspepsia.*

M.E., aged 45, had for some months past felt wholly unable to attend to his business. He had nursed his wife through a long illness, which ended in her mental derangement, and was, when first seen, completely broken down, unable to sleep, and suffering

from nervous dyspepsia and headache; he feared that he too would soon lose his reason.

He was only hypnotized once; but at the end of nine weeks, wrote to say that he had ever since his hypnosis felt "quite another man, able to do any amount of work, and enjoy life."

After six months, he again reported that he kept well.

Case 27.—*Asthma.*

H.M., aged 51, had for a number of years suffered from asthma, every winter. When I first saw her, she had had three particularly bad nights, unable to lie down or sleep, and had not dared to go to bed. She was gasping, and her face was quite dusky.

She was only very lightly hypnotized, but felt her breathing greatly eased, and was able to go to bed at once and lie down; she slept soundly all night.

Two days later, she was again hypnotized. The urgent symptoms having entirely subsided, she was ordered a quinine tonic; and after two months she called upon me to say she never had felt so well in her life, and that though it was still winter, she had kept free from anything like a severe attack of asthma.

Case 28.—"*Brain-fog.*"

F.L., aged 48, a clergyman, consulted me for what he described as "brain-fog." He had been accustomed to do a great amount of parochial work, and also to devote great attention to the preparation of his sermons.

Up to about a year ago, his work had been no trouble to him, and he had never suffered from head-

ache. But for about twelve months, he had done his work with increasing difficulty; he had been unable to concentrate his thoughts for any length of time, and both in preparing and preaching his sermons, he had felt as though there was a "mist in his brain." Lately, this had become acutely painful to him, as he had not been sure whether he had been preaching coherently or not, and he had felt convinced that he should have to resign.

He was hypnotized once only, but reported after three and a half months, that he had never had the slightest confusion of thought, and had experienced greater ease than ever before in his work.

Case 29.—*Neurasthenia.*

M.T., aged 46, a very successful American merchant, had owing to overwork, become thoroughly out of health, sleepless, irritable, anxious, depressed, easily startled, restless, and physically weak; he could only read for about half an hour at a time, and then became confused, and suffered from pain in the head and spine. He expressed himself as thoroughly "tired of life."

The last two years had been spent in travelling all over Europe in search of health, and he had tried every form of treatment, including hydropathy, electricity, massage, and even suspension. He had lost all hope of being cured, and though he had no faith in hypnotism, had determined to try it, so that he could not be reproached with having neglected anything.

In all he had six sittings, on six consecutive days;

and at the end of this time, he was sleeping, walking, and eating well, and felt able to resume his work. He could not, however, believe that so marked an improvement would last, and fearing a relapse, he remained in Blackpool a month. He then stated that not only had he kept well, but he had continued to improve, and was about to set sail for America, "feeling better than he ever remembered to have been in his life."

Case 30.—*Sub-acute Rheumatism.*

A.C., aged 32, had been suffering from severe rheumatic pains in her arms and legs, for some days, her suffering at night being especially great.

She became cataleptic, and anæsthetic, and after one sitting, remained quite free from pain.

Case 31.—*Hepatic Pain.*

D.W., aged 49, had suffered for two years from frequent attacks of pain in the region of his liver; latterly the pain had been constant, and accompanied by tenderness on pressure. It was so severe that he had been obliged to give up working, as a farmer. He had tried various drugs without benefit.

He was easily and deeply hypnotized, and after a single sitting was quite free from pain, and able to resume his occupation. At the end of a month he sent me word that he continued well.

Case 32.—*Neurasthenia.*

J.H., aged 43, had, owing to domestic and financial troubles, got into a very miserable condition; beginning each day thoroughly unnerved, and weighed down with a constant dread of impending catastrophe. So great was this terror, that he frequently could not

summon up courage enough to go to his office, and his business suffered accordingly. His general health was also bad; he had lost his appetite, and complained of indigestion and flatulence.

After three sittings, all these nervous symptoms passed away, and he was able to face his work with a light heart; his appetite returned, his digestion became regular, and his sleep normal.

CASE 33.—"*Pulsating Spine.*"

M.G., aged 39, was distinctly neurasthenic; but his chief complaint was that he was conscious of a "painful pulsation in the spine." Besides this, he had pain in the back of his head, palpitation, pain in the bowels, hoarseness, and general debility. He had regarded himself as an invalid for a couple of years, and had given up all his usual occupation and recreation. Formerly he had ridden a good deal, but had to abandon this, as it greatly aggravated his spinal pain.

He had seven sittings, at the end of which he was stronger and more cheerful, and almost entirely free from his former symptoms.

After an interval of three months, he was continuing better.

CASE 34.—*Dysmenorrhœa.*

M.B., aged 22, suffered most intense pain at each menstrual period. At times she would writhe on the floor. The pain was not occasional, but had been present every month since she had begun to menstruate.

She was first hypnotized a week before, and a second time two days before, her period.

Menstruation set in and continued absolutely painlessly.

She was hypnotized twice in the succeeding month, and has now had six perfectly normal periods, entirely free from pain.

Case 35.—*Ovarian Pain, Dysmenorrhœa.*

F.C., aged 29, had for about six years suffered from very painful menstruation, for the relief of which she had undergone three operations (dilatation of the cervix). After one of these operations, uterine and ovarian inflammation set in, and she was confined to bed for weeks. Her after condition was worse than before, for she was reduced to a state of invalidism owing to constant ovarian pain, and had to abandon her occupation as a teacher. Several eminent gynæcologists were consulted, and all urged that *oöphorectomy was the only alternative to years of misery.*

She was with difficulty very slightly hypnotized, but at the end of a fortnight, the ovarian pain had disappeared, and she had a painless menstrual period. She was able to walk for hours every day, and has since resumed her work.

Case 36.—*Too frequent Menstruation, Anæmia.*

A.M., aged 24, had for some time past suffered from too frequent menstruation, her periods coming on every fortnight, and lasting six or even eight days. She had become very anæmic, and complained greatly of feeling faint and dazed, and of headache.

She was hypnotized on four occasions. The interval between her periods became quite normal, and she

regained her colour and strength, becoming quite bright and free from headache.

Case 37.—*Painful Varicocele.*

H.R., aged 22, had a slight varicocele, which caused him considerable pain, if he walked any distance, or had to stand long. He had been advised to undergo an operation for its relief, and had almost made up his mind to submit.

He was easily and very profoundly hypnotized, and two days later, walked for five hours without resting, and without once being conscious of even discomfort. At the end of a week he had a second sitting, and has since (four months) remained free from pain.

Case 38.—*Abscess in Jaw.*

T. S., aged 28, came to me one evening with one side of his face greatly swollen. He complained of excruciating pain, due to a large abscess at the root of one of his teeth. He was hypnotized, and passed into an advanced stage. On being aroused after five minutes' sleep, the pain was absolutely gone. After three hours (spent in practising with some musical friends) the abscess burst, and discharged itself painlessly.

Case 39.—*Curious Case of Nervousness.*

H. J., aged 24, a young clergyman, who preached with great fluency, had for some weeks suffered from a most embarrassing form of nervousness. He invariably got through his sermon well, but when it was finished, he found himself wholly unable to pronounce the customary benediction.

He was hypnotized one afternoon, and the same

evening found himself quite at ease in performing the concluding portion of his service, and has not since (six months) had any return of the trouble.

CASE 40.—*Cocaine and Morphia Mania.*

G. H., aged 30, a medical man, had become a complete wreck owing to his having got into the habit of injecting morphia and cocaine. I first saw him in consultation with two doctors (one a very eminent Professor of Medicine), and found him in bed with the restless appearance of a lunatic. He admitted that his daily allowance was 8 grs. of morphia and 8 grs. of cocaine. I hypnotized him, and he became much calmer. He gave up the cocaine at once, and within a week had got the morphia down to 2 grs.; there was no doubt about the reduction, for a college friend of his undertook to stay with him, and take charge of his syringe.

During the week he had five sittings. He was then so much better, and felt so confident in his own powers of restraint, that he insisted on returning home, and beginning his work again. I am informed by his friends that he relapsed.

CASE 41.—*Moral Perversion in a Child.*

S. T. aged 8, had for a couple of years given her parents the greatest anxiety, owing to the most unaccountable paroxysms of malicious conduct, during which she was more like a youthful maniac than a naughty girl. She would in the most deliberate and cool manner plan how to inflict bodily pain on others. For example, she would go up to her nurse and caress her, and while the servant was reciprocating the

apparent affection, would suddenly strike her in the abdomen with all the strength she could muster. At other times she would lie awake for hours, all the while feigning sleep, and when her mother was asleep, she would leave her own bed, and climb on to that of her mother, and kick her on the breast as hard as she could. As a result of one of these midnight attacks, the mother had a swelling in one breast, which she feared would develop into cancer. This child was particularly muscular, and seemed herself to be almost insensible to pain; she would laugh if she was flogged, and say she liked it. Every means had been exhausted in the attempt to correct this girl's habits, thrashing, seclusion, cold shower baths, low diet, etc., but all to no purpose. She became more violent and callous, and absolutely disobedient.

Her parents thought her "possessed of a devil," and dreaded her growing up, fearing that she would end in an asylum, or on the gallows.

After one hypnotic sitting, the child's character was completely revolutionized; she became obedient, gentle, loving, and thoughtful for others.

Case 42.—*Dishonesty.*

T. W., aged 10, was constantly thieving. He would rob his school-fellows', his parents', or his brothers' and sisters' things. He had more than once got articles from shopkeepers in other people's names. He was an inveterate liar, and most disobedient. His father had almost decided to ask the magistrates to send him to a Reformatory.

After the first sitting there was a marked improve-

ment in his conduct, and he was hypnotized once a week for some time.

There are no complaints of his conduct now.

Case 43.—*Labour during Hypnotic Sleep.*[1]

Instances in which hypnotism has been employed with more or less success during labour have been recorded by Liébeault, De Jong, and others ; but I think the case which I now present is the first of its kind in England, at least within recent years.

V. S., aged 14 years and 7 months, was brought to me from an inland town last November (1890), with a view to making arrangements for her approaching confinement, she being then in the seventh month of pregnancy. The regular medical attendant now stated that he feared the patient's confinement would be fatal.

The patient being so young, and of stunted growth, certainly seemed likely to have a difficult labour. I therefore determined to try if hypnotism would be of any service, her parents readily consenting to the experiment. She was easily hypnotized, and became cataleptic ; anæsthesia was also present. I suggested that she should sleep through her confinement. After this she was regularly hypnotized once a week, in all, twelve times prior to her confinement. At the last sitting the anæsthesia was so profound that her cornea could be rubbed with the finger without disturbing her in the least.

On February 17th, 1891, I was called to her at 7.30 p.m., and found her in labour, the os slightly

[1] Published in *British Medical Journal*, Feb. 28th, 1891.

dilated, and the pains recurring about every fifteen or twenty minutes. She was, however, walking about. I ordered her to bed, and hypnotized her, telling her to remain asleep until I told her to waken, and further suggesting to her to "bear down" whenever a "pain" came. I then left her, and returned at 9.30 p.m. She had slept during the interval, and the contractions were now much more frequent, and during each, she could be seen to assist greatly by forcing down. The nurse now got her out of bed to pass water, which she did without waking, and also had her bowels relieved. Soon after, she vomited freely; but this too failed to rouse her.

The "pains" steadily increased in violence and frequency, and as each came she groaned loudly; but all the time assisted herself as directed, and even when the final "crowning pains" came, she did not cry out, but pursed up her mouth and powerfully aided the expulsive efforts of the uterus.

At 11 p.m., she was delivered of a female child, weighing $8\frac{1}{4}$ lbs., absolutely without aid. The placenta followed in ten minutes. The patient having been bound up, and everything put right, I wakened her at 11.30 p.m., by blowing on her eyelids. She opened her eyes instantly, and said she felt "all right"; that she had no recollection of anything which had happened since she went to sleep; had no idea how long she had slept, and that she was quite positive that she "had had no pain." Since then she has made a good and speedy recovery, and the baby is thriving well.

Now, had this case been left absolutely to nature, it seems probable that the labour would have been much more protracted, for the patient would have exhausted herself by screaming in the ordinary fashion, and this again would have prevented her from aiding as she did. If chloroform had been given, the screaming would have been suppressed, but the patient would not have been able intelligently to respond, as she did to the last, to every suggestion.

That the patient was in some sense conscious of the pains was evident from her groans and her aid; but the fact remains, that they did not waken her, and that she had no memory of them on being awakened; and, further, it is clear that the hypnotism had no injurious effect on either the mother or the child.

I advise anyone who wishes to try this method to have at least six preliminary sittings, so as to accustom his patient to the process, and also to thoroughly test to what degree of hypnosis he can bring her.

I am quite sure it will not succeed in every case; but whenever a woman is known to be susceptible to hypnotism, and to exhibit anæsthesia, I think it will be justifiable to try this plan if circumstances warrant any interference at all with natural labour.

Case 44.—*Traumatic Contraction of Fingers treated during Hypnosis.*[1]

T. H., aged about 36, consulted me on the 28th of November, 1890. About a year previously he cut the palm of his hand at the outer side, and since then his little finger has been gradually contracting, and

[1] Published in the *Lancet*, April 18th, 1891.

latterly the ring finger has been following. Photographs are appended to show the condition of the fingers before treatment.

The patient was hypnotized after a good deal of trouble, possibly due to the fact that he "did not believe in it."

Fig. 6.

Photograph showing front view of the hand, 28th Nov., 1890.

During hypnosis, the fingers were forcibly extended, and absence of pain suggested. The patient did his work next day as usual, without any discomfort.

Two days later, he was again hypnotized, and the extension carried still further.

Immediately on going home, he played his violin for two hours, "just to test his fingers," the hand affected being his left. This test required the constant exercise

Fig. 7.

Photograph showing lateral view of the hand, 28th Nov., 1890.

of the fingers, but he felt no pain. Owing to the previous contraction he had not been able to play his violin for nine months.

On the 3rd of December, 1890, he came to report that his hand continued all right, and the next day the second photographs were taken.

This man's fingers have kept right since, and he can easily extend the little finger behind the level of the others.

Fig. 8.

Photograph showing front view of the hand, 4th December, 1890.

This case was clearly one of traumatic contraction, and I have no doubt the fingers could have been

extended under the influence of an ordinary anæsthetic; but if they had been, would the patient have been able to fiddle for two hours the same evening?

Fig. 9.

Photograph showing lateral view of the hand, 4th December, 1890.

Case 45.—*Cinder Mark Removed.*

C. F., aged 16, had an ugly blue mark about half an inch long, on the right forearm near the wrist, the result of a cut into which cinder grit had got when she was a baby. It looked like an Indian-ink mark.

She was easily hypnotized, and became profoundly anæsthetic and cataleptic, so that I was able to cut out a piece of skin, remove the whole of the pigment, and close the wound with three catgut sutures, without the slightest wincing on her part. There was no after pain, and the wound healed by first intention. The stitches were withdrawn on the second day.

Case 46.—*Blistered Feet.*

F. H. had been forced to walk a very unusual distance, and was suffering greatly from blistered heels and insteps.

He was hypnotized, and absence of pain suggested. On waking, all the smarting had disappeared, and did not return.

Case 47.—*Inebriety.*

J. O., aged 56, had for years been addicted to drink, and during the last seven or eight years had hardly ever gone to bed sober. He held an official position, which he had been allowed to retain owing to the forbearance of his superiors, but which was now endangered.

He could not sleep at night, and his appetite was gone.

As he was only able to stay in Blackpool a short time, I could not hypnotize him more than eight times. At each sitting the greatest aversion to alcohol was suggested, together with sound sleep, good appetite, etc.

After a considerable lapse of time, he writes to say that he has not the slightest desire for alcohol, that he sleeps and eats well, and feels altogether better.

Case 48.—*Inebriety.*

T. R., aged 48, a professional lecturer, had for about ten years taken stimulants to excess; but for the past three years had become a confirmed inebriate, and had constantly to break his appointments owing to incapacity. So violent was his craving for drink at times that, to use his own language, "if murder had been the price of whisky, he would have paid it, and taken the consequences."

After the first hypnotic sitting all appetite for alcohol vanished, and he is now enabled to do his work without artificial stimulation, sleeps well, and is not like the same man.

Case 49.—*Diabetes.*

During a recent visit to Dublin, I was going over the Mater Misericordiæ Hospital with the Consulting Physician, Dr. Cruise, and was discussing with him my belief that in certain diabetic cases, it would be worth while to try hypnotism, on the ground that diabetes is frequently due apparently to nervous causes.

We asked Dr. Joseph Redmond, one of the Physicians, if he had a diabetic patient in the hospital. He told us there was one just about to be discharged as incurable, whose case seemed likely to end fatally very soon.

I begged that he might be kept in the house awhile longer as a test case.

By the courtesy of Dr. Cruise and Dr. Redmond, I am enabled to append the following note:—

"J. S., aged 24, commercial traveller, was admitted

into the Mater Misericordiæ Hospital on 3rd April, 1891, under the care of Dr. Joseph Redmond.

On admission he appeared weak and emaciated, with a hectic flush. He complained of great thirst, especially at night, and an extraordinarily copious discharge of urine—20 pints in the twenty-four hours. On examination the urine was found highly saccharine.

There was no family history of the disease, and the patient stated that he had been fairly temperate, only occasionally exceeding somewhat in the use of porter.

The patient states that about four months ago, he noticed the great thirst, with increase of appetite and of urine; that he also began to get thinner and weaker, noticed that his sight was dim, and suffered from pains and weakness in the back and legs, and a sense of constriction in the chest, and difficulty in breathing.

The treatment adopted was a regulated diet, with codeia in doses beginning at $\frac{1}{4}$ gr., increased to $\frac{3}{4}$ gr., several times a day.

He steadily and rapidly grew worse, and the case was considered hopeless."

On the 17th April, 1891, I saw him, and found him a good hypnotic subject. During hypnosis I suggested to him that his thirst would diminish, that he would gain strength, lose the pains in his legs, and the tightness in the chest, etc.

When he wakened, he said he felt stronger, could breathe more freely, and walk better.

Since then he has been hypnotized at short intervals by Dr. Cruisè, and the suggestions repeated.

From the first day up to the time of Dr. Cruise's note (May 19th, 1891), there has been a marked improvement—the thirst abating, the breathing continuing easier, the pains lessening, strength being regained, and the urine decreasing to half the quantity.

What the ultimate result in this case will be I cannot predict; but hope that Dr. Cruise will publish the full details later.

In any case, the mere rendering of the man more comfortable, even if only for a while, was well worth the trouble expended.

Case 50.—*Painful Cicatrix.*

E. M., aged about 50, had cut the back of her hand severely some years ago; the cicatrix had become acutely painful.

She was easily hypnotized, and became cataleptic.

The hand was rubbed, and absence of pain suggested.

There has been no return of the suffering.

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